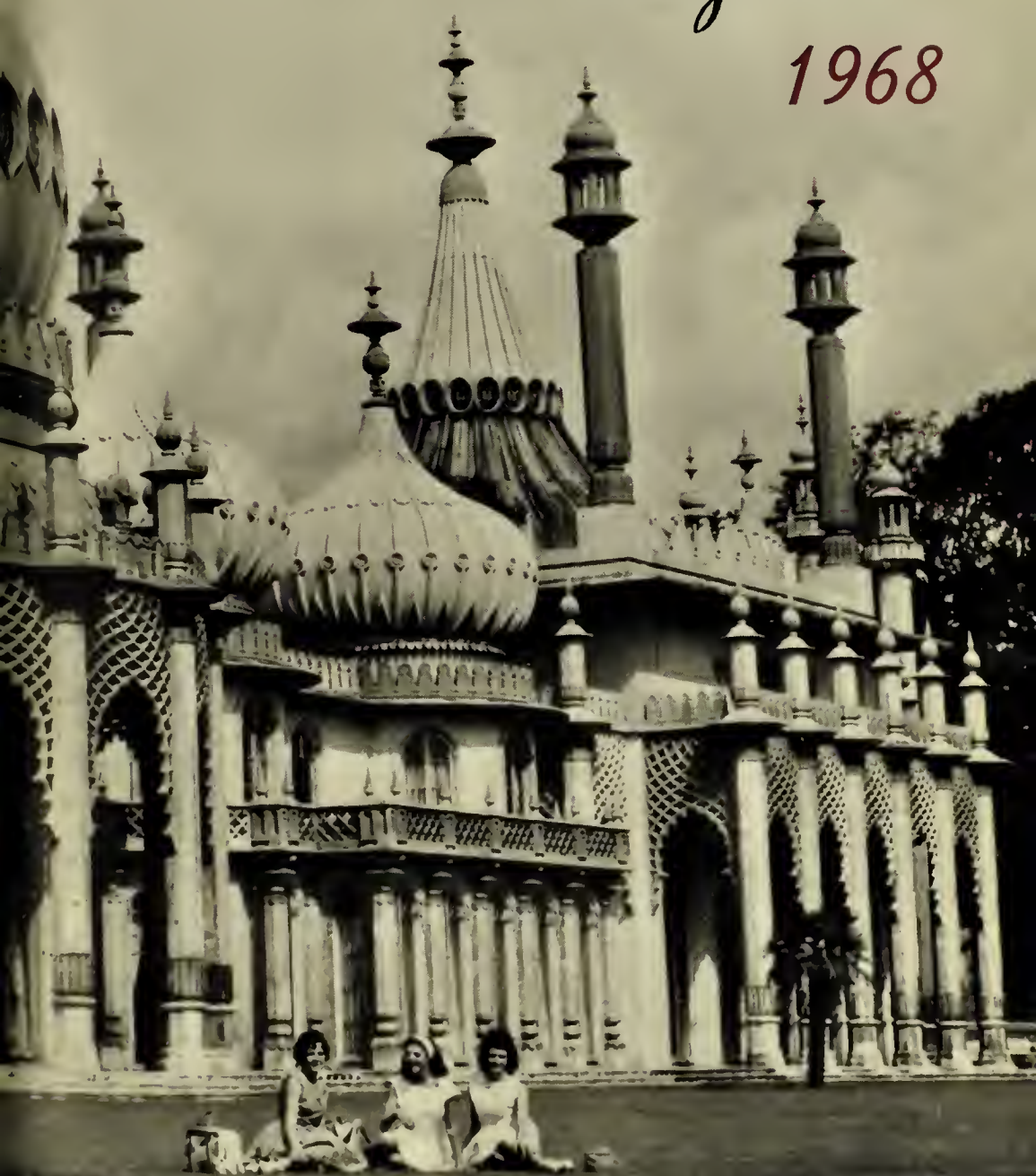
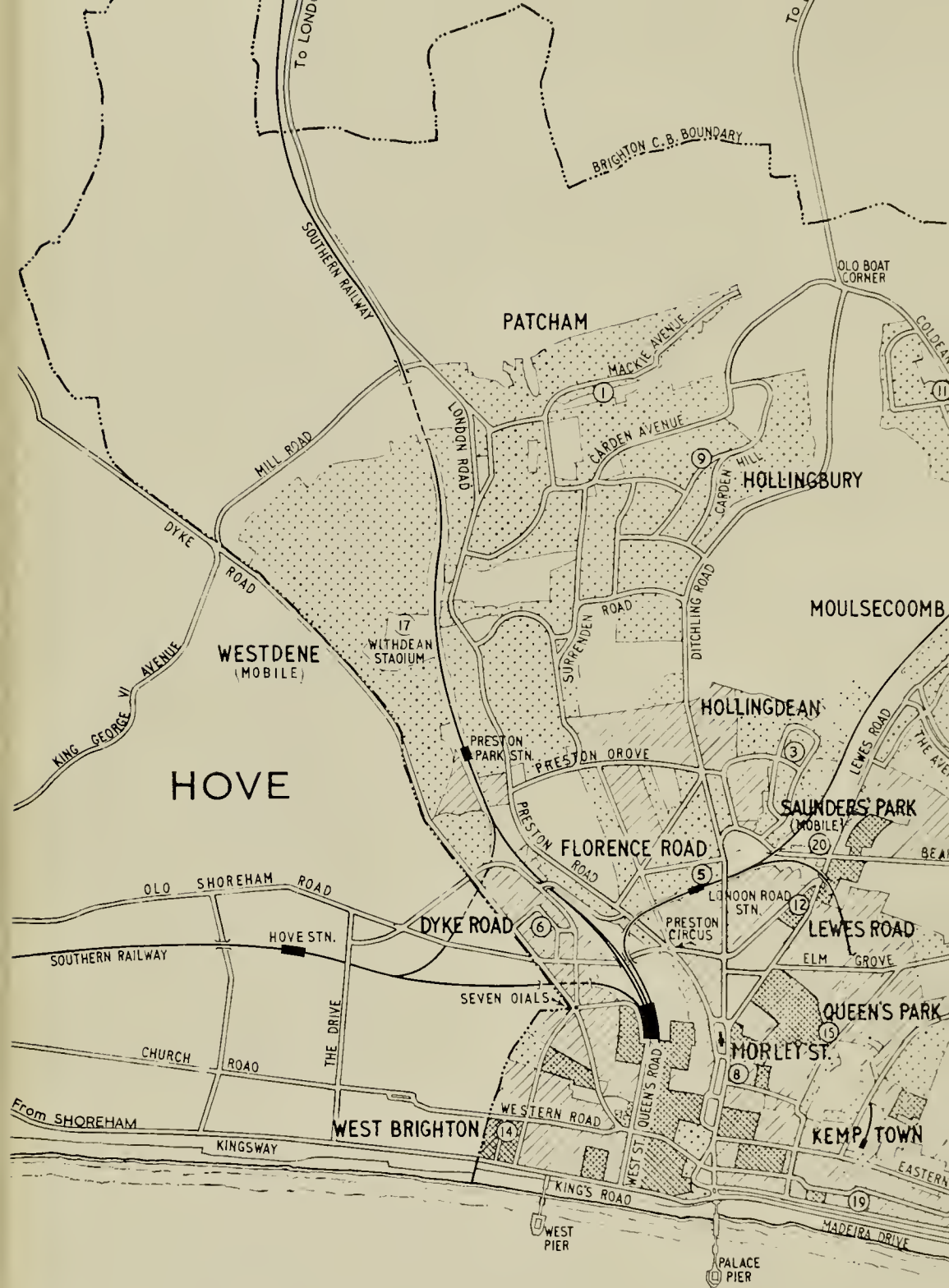


*The Health
of
Brighton*

1968





SCALE OF MILES (Approximate)



F N B PATTERSON.
B.Sc. AMICE MIMunE.MIHE.
BOROUGH SURVEYOR, ENGINEER
AND PLANNING OFFICER.
BRIGHTON

COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1968

W. S. PARKER, V.R.D., M.B., Ch.B., D.P.H., D.I.H.

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November 1969

*To the Mayor, Aldermen and Councillors
of the County Borough of Brighton*

LADIES AND GENTLEMEN,

This report marks the first twenty years of the National Health Service. When the Act was passed, Brighton, as a local health authority, was required to set out for the Ministry of Health, a series of proposals for the implementation of local authority services in the town to cover the sections set out below:

- Care of mothers and young children,
- Midwifery,
- Health Visiting,
- Home nursing,
- Vaccination and immunisation,
- Ambulance services,
- Prevention of illness, care and aftercare,
- Domestic help,
- Mental Health.

Although these proposals existed on paper they had to be implemented: this meant money and staff and equipment. In retrospect, I think that it is fair to say that your Health Committee in the first few years after the inception of the Service did not realise the extent of the unavoidable and vast commitment which the Act required of them. It was extremely difficult to convince them that they themselves had agreed to carry out the expansion which the Government had required long before and that this was not just a whim of their new Medical Officer of Health. A clearer understanding was achieved when Councillor (later Alderman) George Baldwin was appointed chairman of the Health Committee: from the onset he led the committee in the implementation of the provisions of the Act so that, by the end of his period of office, the situation was completely changed and an advancement of your services achieved which has progressed to the present time.

Alderman Baldwin again took over the chair of the Health Committee in 1964 having given much distinguished service to local government both in Brighton and at a national level. By this time his responsibilities had grown to an extent which would have overwhelmed one of less robust constitution. I felt it my duty to warn him to set aside some of his commitments and this he agreed to do. Before the necessary adjustment could be made, however, Alderman Baldwin was struck down by a heart attack and died on 23rd August 1968. It can be fairly said that this most respected and able man undoubtedly shortened his life by his devoted and conscientious attention to the needs of the town, which had recognized his worth by making him its Mayor in 1961.

During the year the new Day Nursery and Child Health Centre was opened in Morley Street. Inevitably the building represents a compromise between the use of a valuable central site and the desirability of fully expanded facilities. Nevertheless, the provision of a modern nursery in place of the dilapidated premises previously in use is a considerable advance, not only in standards of accommodation but also in the increase of accommodation from 36 to 50 places.

The Nursery only admits those in social need, either because they are the children of working widows, of single women who rightly wish to keep their children or children who, for reasons of physical or mental ill health, need care which cannot be provided in the home. Every request is assessed and only those in defined need are accepted. Already there is a waiting list of eighty and a second nursery is evidently a necessity.

Brighton is a town which needs medical staff of outstanding ability to cope with its extensive problems. Unfortunately, salaries are linked to population so that these men and women, having gained experience, almost without exception move on to posts of higher remuneration in larger authorities. My first deputy, Dr. I. D. M. Nelson, became Medical Officer of Health of Barrow-in-Furness County Borough; his successor, Dr. A. Nelson became Deputy Medical Officer of Health of Middlesex, and later Medical Officer of Health of Richmond and Twickenham; Dr. W. Allen moved to become Deputy Medical Officer of Health of Hertfordshire. In this present year, Dr. P. Walker became Deputy Medical Officer of Health of Kensington and Dr. Fernandes went to a similar post at Redbridge. As a result I was left in the height of the summer of 1968 to run the Department helped only by Dr. Pamela Tinslay, an Assistant Medical Officer whose evident capability earned her immediate promotion to Senior Assistant Medical Officer. The situation was relieved when Dr. A. Blenkinsopp, formerly Deputy Medical Officer of Health of Worcester County Borough, joined the Department as Deputy Medical Officer of Health some three months later. The second vacancy could not be filled before the end of the year when Dr. Gabrielle Grasset-Molloy joined the department. Even so it is necessary to draw your attention to the almost total impossibility of attracting doctors into municipal work. It was fortunate that for their own private reasons two such good candidates as Dr. Tinslay and Dr. Grasset-Molloy were available. Even for a progressive and liberal authority as your own, general recruitment is at a standstill and is likely to remain so unless we compete with the other branches of medicine.

Your Chief Public Health Inspector, Mr. R. S. Cross, retired on 31st March 1968 after 40 years with the Brighton Corporation. It is fair to say that Mr. Cross made local government his life. It is true that he had his outside interests in rose growing and the bowling green but in the twenty years I worked with him he was always available at any hour of any day, resourceful, unruffled, thorough. He had an encyclopaedic knowledge of his profession coupled with an insatiable curiosity about new advances. In that no-one can measure the successes of preventive medicine, no-one could measure the vast contribution made by Robert Stanley Cross to the maintaining of environmental health in Brighton. Those who have worked with him know what he achieved. I am most grateful for all the help and advice which I have received from him. We all wish him a long and happy period of retirement.

Another retirement was that of Mr. J. A. Cholmeley, F.R.C.S., who had conducted the orthopaedic clinic at the Central Clinic since 1948. To have an orthopaedic surgeon of national status in charge of this aspect of child health has meant that Brighton has been able to provide a continuity of first-class orthopaedic care for pre-school and school children for the past twenty years.

A start has been made with the computer organization of your vaccination programme. As soon as initial experience has produced a comprehensive method of recording and programming the same service will be applied to those vaccinations which are carried out on priority groups by family doctors in the town.

Grateful acknowledgment is made to the following for their help and collaboration:

The Chief Officers of the Corporation;

The family doctors of Brighton;

The hospital services and staff;

Dr. J. E. Jameson and the staff of the Public Health Laboratory;

Many voluntary associations in the town.

The main burden has, however, fallen on your own staff to whom I would pay unstinted tribute.

I conclude by thanking the Chairman and Members of the Health Committee for their encouragement and support which has greatly helped me in my work.

Yours faithfully,

W. S. PARKER,

Medical Officer of Health.

MEMBERS OF COMMITTEES ON 31st DECEMBER 1968

Health Committee

HIS WORSHIP THE MAYOR (ALDERMAN T. J. L. TAYLOR, J.P.)	COUNCILLOR Mrs. C. L. NETTLETON
ALDERMAN R. BATES	„ A. E. POOLE
„ A. W. BRIGGS	„ R. B. ROGER JONES
„ H. NETTLETON (Chairman)	„ Mrs. H. P. SOMERVILLE
„ A. V. NICHOLLS	Miss M. TIERNEY
COUNCILLOR R. A. BETTS	Mr. G. E. FIRTH
„ Mrs. B. CARROLL	Mr. F. MARTIN
„ E. W. CHINN	Dr. L. J. BEYNON
„ I. J. FRANCIS, J.P.	Dr. H. G. PAGE
„ J. F. C. KINGMAN	Mr. J. J. LOUGHRAN
„ Mrs. G. R. MORRISON	Mr. M. J. GILKES
	Mr. R. H. COLEMAN-COHEN

Health (General Purposes) Sub-Committee

HIS WORSHIP THE MAYOR (ALDERMAN T. J. L. TAYLOR, J.P.)	COUNCILLOR Mrs. MORRISON
ALDERMAN NETTLETON	„ Mrs. NETTLETON
„ NICHOLLS	(Chairman)
COUNCILLOR BETTS	„ Mrs. SOMERVILLE
„ Mrs. CARROLL	Miss M. TIERNEY
„ FRANCIS	Mr. F. MARTIN
„ KINGMAN	Dr. L. J. BEYNON
	Mr. R. H. COLEMAN-COHEN

Public Health Officers

Medical Officer of Health:

W. S. PARKER V.R.D., M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Deputy Medical Officer of Health:

P. J. C. WALKER, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H. (resigned 16th June)
A. I. BLENKINSOP, M.B., B.S., D.P.H., D.OBST., R.C.O.G., D.C.H. (from 19th August)

Senior Medical Officer:

M. T. FERNANDES, M.B., B.S., L.M., D.P.H., D.I.H., D.C.H.
(promoted from S.A.M.O.H. from 1st January. Resigned 15th September)

Senior Assistant Medical Officer of Health:

PAMELA I. TINSLAY, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (from 10th June)

Assistant Medical Officers of Health:

*MURIEL G. WARREN BROWNE, M.B., CH.B.
*BERYL P. EADIE, B.SC., M.B., B.CH.
*MARY M. HAY, L.R.C.P., L.R.C.S., L.R.F.P.S.
*DAPHNE M. HUNT, M.B., B.CHIR., M.R.C.S., L.R.C.P.
*ELSPETH MORRISON, M.B., B.S., M.R.C.S., L.R.C.P.
*BARBARA J. NEWMAN, M.B., B.S.
*HILARY B. MURDOCH, M.B., B.S., M.R.C.S., L.R.C.P.
*ELIZABETH D. MELVILLE, M.B., B.CH.
*FLORENCE P. GRICE, M.B., B.S., M.R.C.S., L.R.C.P.

Senior Consultant Chest Physician: G. H. C. WALMSLEY, M.B., CH.B., D.P.H.

Consultant Chest Physician: F. B. MEADE, M.B., B.S., M.R.C.P.

Chief Dental Officer: W. H. GARLAND, B.D.S., U.LOND., L.D.S.R.C.S.

Public Analyst: *T. E. RYMER, F.R.I.C.

Veterinary Officer: *J. S. J. LAUDER, M.R.C.V.S.

Chief Public Health Inspector: R. S. CROSS, F.R.S.H., F.S.I.A. (retired 31st March)
H. G. GIBSON, M.R.S.H., M.A.P.H.I. (from 1st April)

Chief Nursing Officer: Mrs. EILEEN BEITH, S.R.N., S.C.M. (Part 1), H.V.Cert.

Superintendent Midwife: Mrs. MARJORIE WOOD, S.R.N., S.C.M.

Chief Mental Health Officer: L. MEADWELL, S.R.N., Q.N., C.S.W., M.S.M.W.O.

Chief Ambulance Officer: A. J. SUMPTER, F.I.A.O.

Health Education Organiser: Miss ANNE S. BURKITT, S.R.N.(N.Z.), Dip. Health Education

Domestic Help Supervisor: Miss MURIEL I. HUMPHERSON

Administrative Officer: R. ASPDEN, D.P.A.

*Part-time

HEALTH COMMITTEE

Delegated Powers

1. Pursuant to Part II of the Fourth Schedule to the National Health Service Act 1946, all the powers and duties of the Council as local health authority under the National Health Service Acts 1946-1961, the National Health Service (Amendment) Act 1957, the Mental Health Act 1959, and the National Health Service (Family Planning) Act 1967.

2. All the powers and duties of the Council under:

- (a) The Public Health Act 1936: Sections 39 drainage and 44-52 (sanitary conveniences, drains and cesspools); 75 (provision of dustbins); 79-82 (noxious and offensive matter); 83-86 (filthy or verminous premises, articles and persons); 89 (sanitary conveniences at inns etc.); Part III (nuisances and offensive trades); Sections 138, 140 and 141 (water); Part V (disease); Sections 187-195 (nursing homes); Sections 196 and 198 (provision of laboratories and mortuaries); Section 203 (notification of certain births); Section 205 (employment of women in factories, etc.); Part IX (common lodging houses) and Sections 259-261 (water-courses, ditches etc.);
- (b) The Food and Drugs Act 1955 (except Part III—provision and regulation of markets and Sections 70-73 and 81);
- (c) The Midwives Acts 1936 and 1951;
- (d) The Brighton Corporation Act 1931: Sections 230-235 (slaughter houses); Sections 354, 355, 357-364 (drains and sanitary conveniences); Sections 367-388 and 395-397 (infectious disease and sanitary matters); Part XXI (human food) and Sections 534 and 536 (certain nuisances); the Brighton Corporation Act 1936: Section 29 (nuisance from pigeons); and the Brighton Corporation Act 1948: Section 47 (as to decorative repair of working-class houses) so far as affects notices served under Section 93 of the Public Health Act 1936, Part VII (infectious diseases and sanitary provisions) and Part VIII (food);
- (e) The Shops Acts 1950 to 1965 and Part I of the Young Persons (Employment) Act 1938;
- (f) The Diseases of Animals Act 1950;
- (g) Factories Act 1961, except the powers and duties of the Council as Fire Authority;
- (h) Fabrics (Misdescription) Act 1913;
- (i) The Prevention of Damage by Pests Act 1949;
- (j) Rag Flock and Other Filling Materials Act 1951;
- (k) Slaughterhouses Act 1958, and Slaughter of Animals Acts 1933 to 1954;
- (l) Merchandise Marks Act 1958;
- (m) Pharmacy and Poisons Acts 1852-1941; Pharmacy and Poisons (Amendment) Act 1964;
- (n) Cancer Act 1939, Section 4 (institution of proceedings);
- (o) Prevention of Damage by Rabbits Act 1939;
- (p) Riding Establishments Act 1964;
- (q) Nurses Agencies Act 1957;
- (r) Nurseries and Child Minders Regulation Act 1948;
- (s) Pet Animals Act 1951;
- (t) Agricultural Produce (Grading and Marking) Acts 1928-1931;
- (u) Fertilisers and Feeding Stuffs Act 1926;
- (v) Mines and Quarries Act 1954; Part XIII;
- (w) The Brighton Corporation Act 1954: Section 28 (as to defective premises) and Section 29 (registration of premises used for sale of certain frozen liquids);
- (x) The Clean Air Act 1956, except so far as it relates to the control of new buildings;
- (y) Agriculture (Safety, Health and Welfare Provisions) Act 1956 (Sanitary conveniences for agricultural workers);
- (z) Sea Fisheries (Shellfish) Act 1967 and Sea Fish (Conservation) Act 1967.
- (aa) Noise Abatement Act 1960;
- (ab) Brighton Corporation Act 1960, Section 13 (Disposal of lost and uncollected property) so far as it relates to property under the control of the committee;
- (ac) Public Health Act 1961: Sections 17, 18, 20, 21 (Drains and sanitary conveniences) 26 (Defective premises), 32 (Food storage in existing houses), 35-37 (Filth and vermin), 38-42 (Prevention and notification of disease), 72 (Discharge of steam), 74 (Powers as to pigeons) and 77 (Byelaws as to hairdressers and barbers);
- (ad) Home Safety Act 1961;

- (ae) The Offices, Shops and Railways Premises Act 1963 (except Sections 28-41);
- (af) The Animal Boarding Establishments Act 1963;
- (ag) The Licensing Act 1964; Sections 44 and 45 (Inspection of premises);
- (ah) Farm and Garden Chemicals Act 1967;
- (ai) Slaughter of Poultry Act 1967.
- (aj) Health Services and Public Health Act 1968.

Legislation under which duties are carried out, (a) for the Housing Committee:

- Housing Act 1949.
- Housing Act 1957.
- Housing (Underground Rooms) Act 1959.
- House Purchase and Housing Act 1959.
- Housing Act 1961.
- Housing Act 1964.
- Slum Clearance (Compensation) Act 1956.
- Housing (Financial Provisions) Acts 1958 and 1959.
- Underground Room Regulations, made by the Council in 1962 under the Housing Act 1957.
- Housing (Management of Houses in Multiple Occupation) Regulations 1962.
- Housing (Prescribed Forms) Regulations 1957 to 1966.
- Housing (Repairs and Rents) Act 1954.
- The Rent Act 1957.
- The Rent Act 1965.
- The Rent Act 1968.
- Rent Restriction Regulations 1957.
- Protection from Eviction Act 1964.
- Landlord and Tenant Act 1962.
- Section 47, Brighton Corporation Act 1948.
- Standards for houses in multiple occupation made under the Housing Act 1961, and approved by the Council in 1963.

(b) for the Planning Committee:

- Declaration of Unfitness Orders under the Land Compensation Act 1961.
- Town and Country Planning Act 1962, under which reports are made regarding loss of residential accommodation.
- The Building Regulations, 1965.

(c) for the Legal and Parliamentary Committee:

- Brighton Corporation Act 1966: Sections 7 (coffee bars, clubs, etc.), 8 (mobile coffee stalls, etc.).

LIAISON WITH OTHER AUTHORITIES

The following appointments are held by the officers of the department:

Medical Officer of Health

Member of:

The Brighton and Lewes Hospital Management Committee.

The St. Francis and the Lady Chichester Hospital Management Committee.

The Obstetrics Committee of the Brighton Executive Council.

Chief Dental Officer

Member of:

Brighton Executive Council.

The Finance and General Purposes Committee, the Dental Replacements and Replacements Committee of the Brighton Executive Council.

Brighton Local Dental Committee.

Deputy member of:

Allocation Committee, Dental Service Committee, and Joint Service Committee of Brighton Executive Council.

Chief Nursing Officer

Chairman of the Public Health Committee of the Royal College of Nursing.

Member of the Public Health Nursing Liaison Committee.

Chief Public Health Inspector

Hon. Secretary, Food and Nutrition Group, Royal Society of Health.

VITAL AND GENERAL STATISTICS 1968

Home population Mid-year (Registrar-General's estimated figure)	164,680
Area (in acres)	14,613
Number of houses and flats (including dwellings over shops) at 1st April 1968	57,972
Rateable value of Borough at 31st March 1969... ..	£11,904,107
Estimated product of the rate of one penny 1968/1969	£47,800
Marriages, 1,509. Rate per 1,000 population, 9.16.	

Live births:	Males	Females	Total
Legitimate	1026	931	1957
Illegitimate	152	156	308
	1178	1087	2265

	Area comparability factor (births)	Adjusted birth rate
Live birth rate (per 1,000 population)	13.75	15.26
" " " (England and Wales)	16.9	—
		Rate per 1000 (live and still) births
Stillbirths—total	35	15
" " (England and Wales)	—	14

Total live and stillbirths	...	...	...	...	...	...	...	2300
Infant deaths (legitimate 34; illegitimate 3)	...	...	...	...	...	...	...	37
Infant mortality rate per 1,000 live births—total	...	...	...	...	...	...	...	16
“ “ “ “ “ (England and Wales)	...	...	...	...	...	...	...	18
“ “ “ “ “ legitimate live births	...	...	...	...	...	...	...	17
“ “ “ “ “ illegitimate live births...	...	...	...	...	...	...	...	10
Neonatal mortality rate per 1,000 live births	...	...	...	...	...	...	...	10
“ “ “ “ “ “ “ (England and Wales)	...	...	...	...	...	...	...	12
Early neonatal mortality rate per 1,000 live births	...	...	...	...	...	...	...	9
“ “ “ “ “ “ “ “ “ (England and Wales)	...	...	...	...	...	...	...	11
Perinatal mortality rate per 1,000 live and still births	...	...	...	...	...	...	...	24
“ “ “ “ “ “ “ “ “ (England and Wales)	...	...	...	...	...	...	...	25
Illegitimate live births per cent of total live births	...	...	...	...	...	...	...	13.59
“ “ “ “ “ “ “ “ “ (England and Wales)	...	...	...	...	...	...	...	8.4
Maternal deaths (including abortion)	...	...	...	...	...	...	...	1
Maternal mortality rate per 1,000 live and still births	...	...	...	...	...	...	...	0.43
“ “ “ “ “ “ “ “ “ (England and Wales)	...	...	...	...	...	...	...	0.24
							Area comparability factor (deaths)	Adjusted death rate
Deaths	...	...	...	...	...	...	2737	
Death rate (per 1,000 population)	...	...	...	...	...	...	17	0.66
“ “ (England and Wales)	...	...	...	...	...	...	11.8	10.97

**Causes of Death (Registrar General's Return)
(New Classification)**

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS										75 and over
					1=	5=	15=	25=	35=	45=	55=	65=			
B1 Cholera	M														
	F														
B2 Typhoid Fever	M														
	F														
B3 Bacillary dysentery and amoebiasis	M														
	F														
B4 Enteritis and other diarrhoeal diseases	M														
	F	1	=	=	=	1	=	=	=	=	=	=	=	=	
B5 Tuberculosis of respiratory system	M	1	=	=	=	=	=	=	=	=	=	1	=	=	
	F														
B6 Other tuberculosis including late effects	M														
	F	1	=	=	=	=	=	=	=	=	=	1	=	=	
B7 Plague	M														
	F														
B8 Diphtheria	M														
	F														
B9 Whooping cough	M														
	F														
B10 Streptococcal sore throat & scarlet fever	M														
	F														
B11 Meningococcal infection	M														
	F	1	=	=	=	=	=	=	=	=	=	1	=	=	
B12 Acute poliomyelitis	M														
	F														
B13 Smallpox	M														
	F														
B14 Measles	M														
	F														
B15 Typhus and other rickettsioses	M														
	F														
B16 Malaria	M														
	F														
B17 Syphilis and its sequelae	M														
	F														
B18 All other infective & parasitic diseases	M	2	=	=	=	=	1	=	=	=	1	=	=	=	
	F	3	=	=	=	1	=	=	=	=	1	1	=	=	
B19(1) Malignant Neoplasm, stomach	M	29	=	=	=	=	=	=	=	1	5	12	11	=	
	F	23	=	=	=	=	=	=	=	1	2	5	15	=	
B19(2) Malignant Neoplasm, lung, bronchus	M	109	=	=	=	=	1	=	2	8	34	40	24	=	
	F	31	=	=	=	=	=	=	=	5	8	12	6	=	
B19(3) Malignant Neoplasm, breast	M	4	=	=	=	=	=	=	=	=	1	1	2	=	
	F	56	=	=	=	=	=	=	=	7	13	13	23	=	
B19(4) Malignant Neoplasm, uterus	F	23	=	=	=	=	=	=	=	1	11	2	9	=	
B19(5) Leukaemia	M	5	=	=	=	=	=	1	=	=	=	2	2	=	
	F	4	=	=	=	=	1	=	=	=	=	1	2	=	
B19(6) Other Malignant Neoplasms, etc.	M	138	=	=	=	=	1	=	2	12	23	38	62	=	
	F	165	=	=	=	1	=	=	3	14	25	48	74	=	
B20 Benign and un- specified neoplasms	M	3	=	=	=	=	=	1	=	=	=	1	1	=	
	F	3	=	=	=	=	=	=	=	1	1	1	=	=	
B21 Diabetes	M	11	=	=	=	=	=	1	=	=	1	4	5	=	
	F	5	=	=	=	=	=	=	=	=	1	1	3	=	
B46(1) Other Endo- crine etc. diseases	M														
	F	2	=	=	=	=	=	=	=	=	=	2	=	=	
B22 Avitaminoses and other nutritional deficiency	M														
	F														
B23 Anaemia	M	2	=	=	=	=	=	=	=	1	=	1	=	=	
	F	4	=	=	=	=	=	=	=	=	=	1	3	=	
B46(3) Mental Disorders	M	1	=	=	=	=	=	=	=	1	=	=	=	=	
	F	4	=	=	=	=	1	=	=	=	=	=	3	=	
B24 Meningitis	M	1	=	=	=	=	=	=	=	=	=	1	=	=	
	F														
B46 (4) Other Diseases of nervous system, etc.	M	20	=	=	=	=	1	=	=	=	5	6	8	=	
	F	21	=	=	=	=	1	1	=	2	=	6	11	=	
B25 Active rheumatic fever	M														
	F														
B26 Chronic rheumatic heart disease	M	4	=	=	=	=	=	=	=	=	=	2	2	=	
	F	8	=	=	=	=	=	=	=	=	1	5	2	=	
B27 Hypertensive disease	M	16	=	=	=	=	=	=	=	1	1	9	5	=	
	F	31	=	=	=	=	=	=	=	2	1	9	19	=	
B28 Ischaemic heart disease	M	308	=	=	=	=	=	=	7	15	66	101	119	=	
	F	335	=	=	=	=	=	=	1	4	26	71	233	=	
B29 Other forms of heart disease	M	59	=	=	=	=	=	=	=	2	5	10	42	=	
	F	96	=	=	=	=	=	1	=	=	3	14	78	=	
B30 Cerebrovascular disease	M	149	=	=	=	=	=	1	=	=	5	20	41	82	
	F	269	=	=	=	=	=	=	=	=	6	18	45	200	
B46(5) Other diseases of circula- tory system	M	39	1	=	=	=	=	=	=	1	5	11	21	=	
	F	59	=	=	=	=	=	=	1	3	2	11	42	=	

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								75 and over
					1-	5-	15-	25-	35-	45-	55-	65-	
B31 Influenza	M	30	-	-	-	-	-	-	-	-	3	7	20
	F	72	-	-	-	-	-	-	-	1	2	11	58
B32 Pneumonia	M	74	-	1	1	-	-	-	2	2	6	20	42
	F	91	-	1	-	-	-	-	-	2	3	20	65
B33(1) Bronchitis and Emphysema	M	92	-	-	-	-	-	-	-	2	18	28	44
	F	31	-	-	-	-	-	-	-	-	5	3	23
B33(2) Asthma	M	3	-	-	-	-	-	-	-	-	-	3	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
B46(6) Other diseases of respiratory system	M	13	-	-	-	-	-	-	-	-	2	4	7
	F	11	-	1	-	-	-	-	-	-	1	3	6
B34 Peptic ulcer	M	12	-	-	-	-	-	-	-	1	1	5	5
	F	5	-	-	-	-	-	-	-	-	2	2	1
B35 Appendicitis	M	1	-	-	1	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
B36 Intestinal obstruction and hernia	M	3	-	-	-	-	-	-	1	-	-	1	1
	F	2	-	-	-	-	-	-	-	-	-	-	2
B37 Cirrhosis of Liver	M	3	-	-	-	-	-	-	-	-	1	2	-
	F	4	-	-	-	-	-	-	-	1	1	-	2
B46(7) Other Diseases of digestive system	M	8	-	-	-	-	-	-	1	1	1	4	2
	F	13	-	-	-	-	-	-	-	-	2	3	8
B38 Nephritis and nephrosis	M	4	-	-	-	-	-	-	-	-	1	1	2
	F	-	-	-	-	-	-	-	-	-	-	-	-
B39 Hyperplasia of prostate	M	5	-	-	-	-	-	-	-	-	-	2	3
B46(8) Other diseases, genito-urinary system	M	6	-	-	-	-	-	-	-	-	1	3	2
	F	17	-	-	1	-	-	-	-	2	2	4	8
B40 Abortion	F	-	-	-	-	-	-	-	-	-	-	-	-
B41 Other complica- tions of pregnancy, etc.	F	1	-	-	-	-	1	-	-	-	-	-	-
B46(9) Diseases of skin, subcutaneous tissue	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	-	-	-	-	1	-
B46(10) Diseases of musculo-skeletal system	M	4	-	-	-	-	-	-	-	1	1	-	2
	F	10	-	-	-	-	-	-	-	-	1	4	5
B42 Congenital anomalies	M	6	1	2	1	-	1	-	-	1	-	-	-
	F	7	1	2	-	-	-	-	1	1	-	-	2
B43 Birth injury difficult labour, etc.	M	4	4	-	-	-	-	-	-	-	-	-	-
	F	8	8	-	-	-	-	-	-	-	-	-	-
B44 Other causes of perinatal mortality	M	3	3	-	-	-	-	-	-	-	-	-	-
	F	5	5	-	-	-	-	-	-	-	-	-	-
B45 Symptoms and ill- defined conditions	M	3	-	-	-	-	-	-	-	-	-	-	3
	F	11	-	-	-	-	-	-	-	-	-	-	11
BE47 Motor Vehicle Accidents	M	7	-	-	1	-	1	1	1	-	-	1	2
	F	10	-	-	-	-	1	-	-	-	1	3	5
BE48 All other accidents	M	25	-	3	1	1	3	1	-	2	-	6	8
	F	59	-	2	1	1	-	-	-	2	3	5	45
BE49 Suicide and self-inflicted injuries	M	11	-	-	-	-	-	-	2	1	3	4	1
	F	10	-	-	-	-	1	-	-	3	2	3	1
BE50 All other external causes	M	2	-	-	-	1	-	-	-	-	1	-	-
	F	3	-	2	1	-	-	-	-	-	-	-	-
Total all causes	M	1,221	9	6	5	2	8	7	17	58	206	372	531
	F	1,516	14	8	3	4	5	3	6	58	139	311	965

Deaths in Age Groups


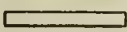
Age groups	Under 1	1-4	5-14	15-24	25-44	45-64	65-74	75+	Total
Totals	37	8	6	13	33	461	683	1496	2737

Cancer of lung. Persons dying of lung cancer expressed as a percentage of all deaths due to malignant disease including leukaemia: male 38%, female 10%.

Details of cancer and bronchitis deaths in the area are circulated monthly to members of the Health Committee and General Practitioners.

DEATHS OF INFANTS

RATE PER 1,000 ADJUSTED LIVE BIRTHS

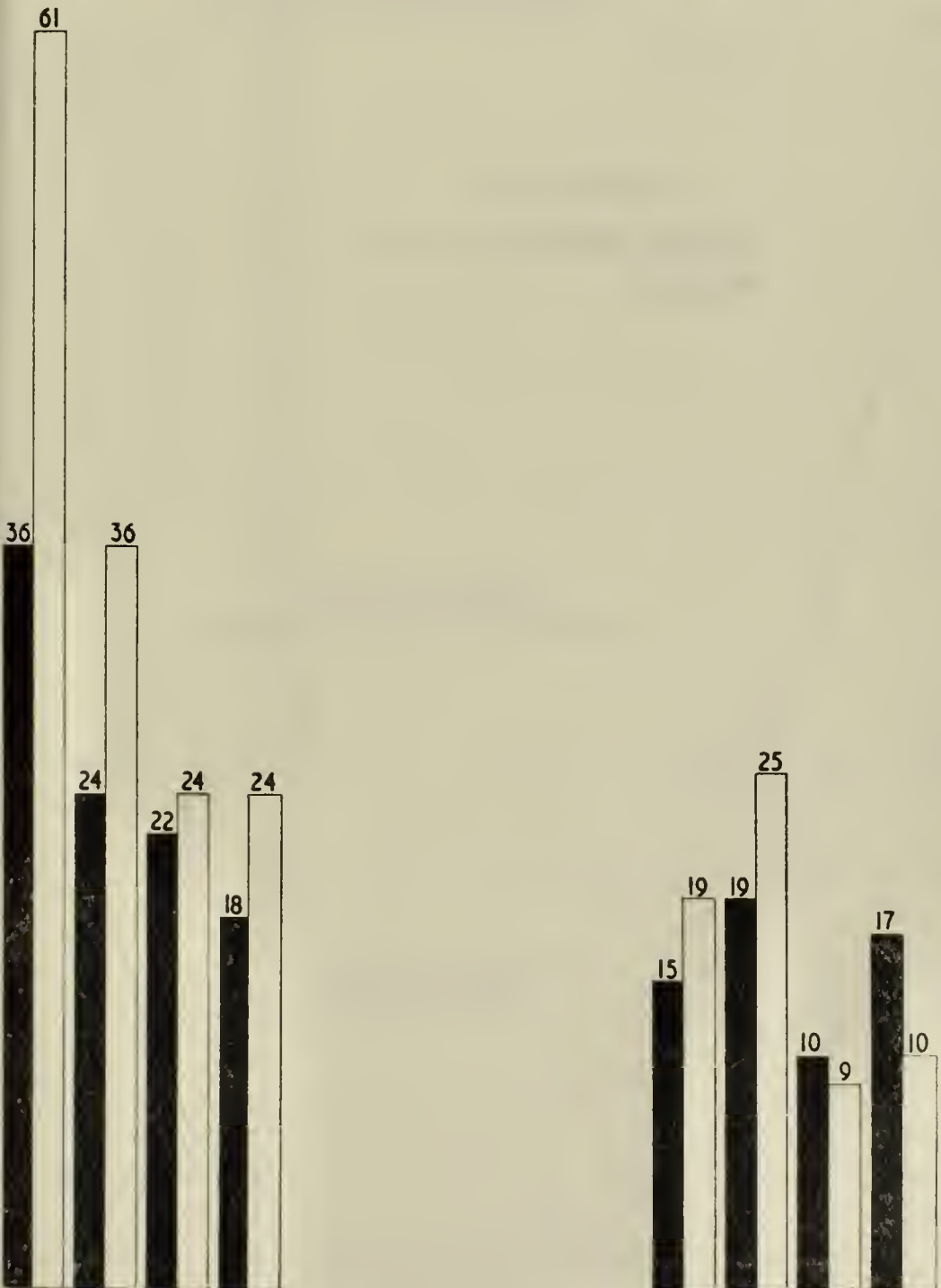
LEGITIMATE 
ILLEGITIMATE 

QUINQUENNIAL AVERAGES

ANNUAL FIGURES

1946 - 1950
1951 - 1955
1956 - 1960
1961 - 1965

1965
1966
1967
1968



INFANT MORTALITY

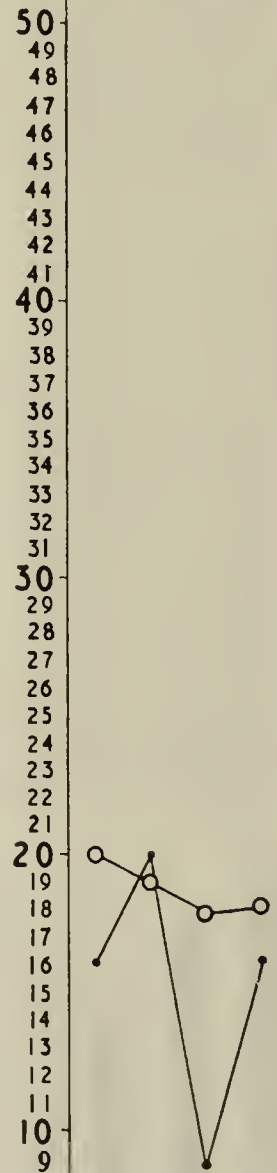
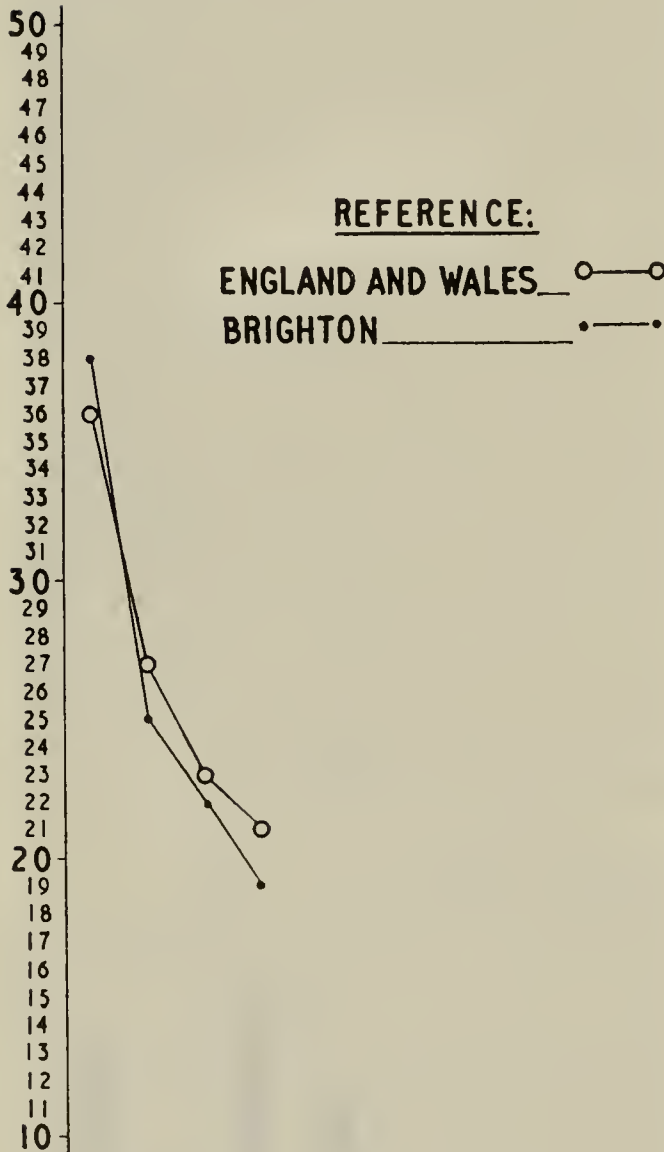
RATE PER 1,000 ADJUSTED LIVE BIRTHS

QUINQUENNIAL AVERAGES

ANNUAL FIGURES

1946 - 1950
1951 - 1955
1956 - 1960
1961 - 1965

1965
1966
1967
1968



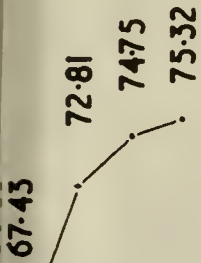
CHILD WELFARE CENTRES:
20 20 20 22

No. OF HEALTH VISITORS:
21 21 22 21

DEATH RATES CHANGES

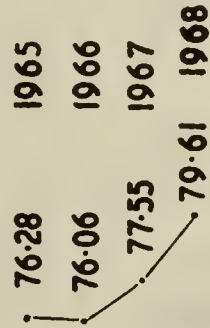
QUINQUENNIAL AVERAGES

1946 - 1950
1951 - 1955
1956 - 1960
1961 - 1965



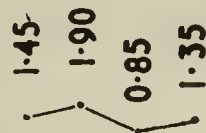
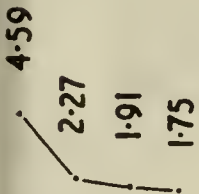
DEATHS 65 YEARS AND OVER EXPRESSED AS PERCENTAGE OF TOTAL DEATHS

ANNUAL FIGURES

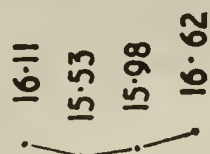
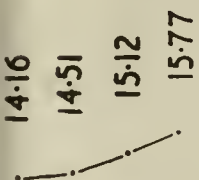


DEATHS OF INFANTS

EXPRESSED AS PERCENTAGE OF TOTAL DEATHS



DEATH RATE PER THOUSAND POPULATION



INFANT MORTALITY

RATE PER 1,000 ADJUSTED LIVE BIRTHS

	<u>QUINQUENNIAL AVERAGES</u>		<u>ANNUAL FIGURES</u>		
	1956 - 1960	1961 - 1965	1966	1967	1968
MEASLES:	—	0.08	—	—	—
WHOOPING COUGH:	0.10	—	—	—	—
INFLUENZA, BRONCHITIS AND PNEUMONIA:	2.36	1.48	2.05	1.29	0.88
GASTRO-ENTERITIS:	0.18	0.34	0.41	—	—
BIRTH INJURIES, POST-NATAL ASPHYXIA AND ATELECTASIS:	6.36	3.64	3.70	2.59	5.25
CONGENITAL MALFORMATIONS:	4.88	4.02	5.34	2.58	2.65
OTHER DISEASES PECULIAR TO EARLY INFANCY AND IMMATURITY UNQUALIFIED:	5.94	6.18	5.34	0.86	3.53
OTHER CAUSES:	1.96	2.90	2.88	2.16	3.97

Net Deaths from stated causes at various ages under one year of age

[illegible]

INFANT MORTALITY 1968—continued

CAUSE OF DEATH	Under 1 week		1-2 weeks		2-3 weeks		3-4 weeks		Total under 4 weeks		1-2 months		2-3 months		3-6 months		6-9 months		9-12 months		Total Deaths under one year
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Haemolytic Disease of Newborn, without mention of Kernicterus: with Rh. Incompatibility	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Anoxic and Hypoxic conditions not classified elsewhere: Hyaline Membrane Disease	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Respiratory Distress Syndrome	1	4	-	-	-	-	-	-	1	4	-	-	-	-	-	-	-	-	-	-	5
Immaturity unqualified	1	1	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	2
Other Conditions of Foetus of Newborn: Other	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Inhalation and Ingestion of Food causing Obstruction or Suffocation	-	-	-	-	-	-	-	-	-	-	2	-	-	1	-	-	-	-	-	-	3
Accidental mechanical suffocation	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	2
Homicide and Injury Purposely Inflicted by other Persons: Assault by Poisoning	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	2
Totals	7	14	2	-	-	-	-	-	9	14	4	1	-	2	1	3	-	1	1	1	37

NOTIFIABLE DISEASE	At all ages	Age Incidence								necessarily notified during year removed to Isolation Hospital
		Under 1	1	2	3	4	5-9	10-14	15-24	25+
Scarlet fever ...	96	1	—	3	11	15	54	4	5	3
Whooping cough ...	60	6	7	7	4	12	14	4	2	4
Ac. poliomyelitis: paralytic ...	—	—	—	—	—	—	—	—	—	—
non-paralytic ...	—	—	—	—	—	—	—	—	—	—
Measles ...	189	11	14	32	24	25	69	5	5	4
Diphtheria ...	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum ...	4	4	—	—	—	—	—	—	3	2
*Puerperal pyrexia ...	5	—	—	—	—	—	—	—	28	63
Dysentery... ...	468	13	20	30	28	36	205	45	2	30
Meningococcal infection ...	3	1	—	—	—	—	—	—	2	2
Smallpox ...	—	—	—	0.5	5.14	15.44	45.64	65+	—	—
*Ac. pneumonia ...	54	—	—	3	1	4	15	31	—	—
Ac. encephalitis (post infectious) ...	1	—	—	—	—	1	—	—	—	—
Enteric or typhoid fever	—	—	—	—	—	—	—	—	—	—
Paratyphoid fevers ...	8	—	—	—	—	1	5	2	—	—
*Erysipelas... ...	—	—	—	—	—	—	—	—	—	—
Malaria (contracted abroad) ...	1	—	—	—	—	—	1	—	—	—
Food Poisoning ...	51	—	—	11	8	15	15	2	—	—
Tuberculosis (see p. 57) ...	—	—	—	—	—	—	—	—	—	—
Anthrax ...	87	—	—	3	38	32	11	3	—	5
Infective Jaundice ...	—	—	—	—	—	—	—	—	—	—
†Tetanus ...	—	—	—	—	—	—	—	—	—	—
†Yellow Fever ...	—	—	—	—	—	—	—	—	—	—
†Leptospirosis ...	—	—	—	—	—	—	—	—	—	—

†Diseases notifiable from 1st October 1968

*Diseases not notifiable from 1st October 1968

INFECTIOUS DISEASES AND EPIDEMIOLOGY

Incidence

The number of cases of infectious disease notified during the year, classified into age groups, and the number of cases admitted to Foredown Isolation Hospital, together with a comparison between the number of cases reported for 1967 and 1968 are shown in the tables on pages 19 and 22.

Scarlet Fever

The 96 cases of scarlet fever notified shows a most gratifying decline in this disease. The effectiveness of antibiotic treatment, together with the apparent readiness to co-operate by parents and patients alike with their own general practitioners in incidences of sore throats, have no doubt been contributory factors.

Dysentery

Sonnei dysentery has been on the increase and 468 cases were reported for the year. The largest numbers affected were between the age group of 5-9 years and occurred in close communities such as schools. Advisory notes issued to local doctors and head teachers in dealing with incidences of diarrhoea, assisted considerably in bringing the infection under control.

An unfortunate occurrence of dysentery necessitated the closure of a nursery when it was found that both nursery staff and children were infected. Investigation revealed that the infection was introduced by a baby aged 10 months, who had a history of persistent diarrhoea for some four weeks prior to being admitted to the nursery. The nursery was closed for a period of 16 days during which time current and terminal disinfection were effected.

Paratyphoid Fever

There has been no incidence of paratyphoid fever during the year.

Food Poisoning

There has been a considerable drop in the number of cases of food poisoning compared with that of 1967.

Some of the credit for this improvement must be given to the continuous programme of food hygiene lectures and propaganda given by this Department. An educational programme seldom has immediately obvious results, but it is encouraging to see evidence that the unrelenting efforts of the Food and Drugs Inspectors, in their advisory capacity, are beginning to bear fruit.

The causative organisms responsible for the 51 cases of food poisoning notified were as follows:

Salmonella

<i>typhi-murium</i>	...	...	...	14
<i>muenchen</i>	...	...	...	22
<i>enteritidis</i>	...	...	...	3
<i>singapore...</i>	...	...	...	2
<i>panama</i> ...	...	...	...	2
<i>indiana</i> ...	...	...	...	1
<i>wil</i> ...	...	...	...	1
<i>bredeney</i> ...	...	...	...	1
'Un-named'	...	...	...	5

The 22 cases of *Salmonella muenchen* occurred in a small hotel during the month of August. Investigation revealed that the possible source was a cooked turkey which had been allowed to cool and retained at room temperature above

0°F. for 24 hours, and then served cold with salad for an evening meal. The meat was infected in handling by a symptomless carrier found amongst the food preparers.

Diphtheria

Due to the effectiveness of diphtheria immunisation, Brighton has been free of diphtheria since 1963.

Poliomyelitis

For the seventh year in succession, no case of poliomyelitis has been notified.

Whooping Cough

The occurrence of this disease continues to be low. This again reflects on the effectiveness of the immunisation programme.

Measles

There has been a biennial drop in the number of cases of measles reported for the year.

Though measles vaccination was introduced this year, it is too early to comment on its effectiveness. However, it is expected to see a marked decline in the incidence of this disease in future years.

Infective Jaundice

Concern has been shown by the medical profession about this disease which is on the increase. 87 cases of infective jaundice were notified for the year against 61 cases for 1967. Though most of the cases were due to catarrhal virus infection, the possibility of serum infection resulting from self-inoculation with unsterile needles and syringes as in many cases of drug addiction cannot be overlooked.

Health Services and Public Health Act 1968 and Public Health (Infectious Diseases) Regulations 1968

Both the Act and Regulations came into force on the 1st October 1968.

The Act repealed Sections 144 to 146 (notification procedure) and Section 172 (removal to hospital of person suffering from tuberculosis of the respiratory tract) of the Public Health Act 1936, and Section 26 of the Food and Drugs Act 1955, in relation to food poisoning. Consolidated notification procedures etc. are now contained in the new Act.

The Public Health (Infectious Diseases) Regulations provide a revised list of notifiable diseases. The following diseases are no longer notifiable:

- Acute influenzal pneumonia
- Acute primary pneumonia
- Acute rheumatism
- Erysipelas
- Membranous croup
- Puerperal pyrexia
- Scarlatina

However, the following diseases have been included in the revision and become generally notifiable for the first time:

Leptospirosis

Tetanus

Yellow Fever

Disease	1968	1967	Disease	1968	1967
Scarlet fever	96	148	Measles	189	2546
Poliomyelitis	—	—	*Puerperal pyrexia	5	14
*Acute pneumonia	54	33	Ophthalmia neonatorum ...	4	4
Paratyphoid	—	—	Dysentery	468	211
Enteric or typhoid fever ...	—	—	Food poisoning	51	336
Whooping cough	60	62	Acute encephalitis... ..	1	—
Diphtheria	—	—	Meningococcal infection ...	3	11
Malaria	1	—	Infective jaundice... ..	87	611
*Erysipelas	—	—			

*Diseases not notifiable from 1st October 1968.

Venereal diseases

New local cases treated at the Brighton Special Treatment Centre.

	1968		1967	
	M.	F.	M.	F.
Syphilis... ..	13	2	11	2
Gonorrhoea	112	38	116	34
	125	40	127	36
Other conditions	336	143	280	135

The total number of patients attending the Brighton Centre for the first time was 1,354.

CARE OF MOTHERS AND YOUNG CHILDREN

Dr. P. I. TINSLAY, Senior Assistant Medical Officer

Reporting of congenital malformations recognisable at birth to the Registrar General was continued. During the year 20 such malformations were recognized amongst a total of 2,300 children. Sixteen of these were live births, 4 were either stillborn or died a few hours after birth.

The register of children "at risk" of becoming handicapped, commenced in 1964, continued in operation during the year. At the end of 1968 a total of 516 children were on the register; of these 467 were under one year old, and the remaining 49 were aged between one and four years. The progress of the children is under continuous review and children who are obviously developing normally are removed from the register.

VACCINATION AND IMMUNISATION

Smallpox Vaccination

Records were received for 1,727 persons

	Under 1 year		1 year		2-4 years		5-15 years		Total under 16 years	
	No.	%	No.	%	No.	%	No.	%	No.	%
Primary given by Family Doctor	29	1.3	303	13.2	242	3.5	93	0.4	667	1.7
Primary given at Child Health Centres	13	0.5	668	29.0	165	2.4	14	0.0	860	2.2
TOTAL PRIMARY	42	1.8	971	42.2	407	5.9	107	0.4	1527	3.9
Revaccinations by Family Doctor	1	0.0	—	0.0	27	0.4	170	0.6	198	0.5
Revaccinations at Child Health Centres	—	0.0	1	0.0	—	0.0	1	0.0	2	0.0
TOTAL REVACCINATIONS	1	0.0	1	0.0	27	0.4	171	0.6	200	0.5

The records show that 56.3% of the primary vaccinations were given at the Child Health Centres and 99.0% of the revaccinations were given by the family doctors. The family doctors have given a higher percentage of the primary vaccinations than they gave in 1967.

The new international certificate of smallpox vaccination which was introduced last year is now in general use for all new vaccinations and revaccinations. The old certificate is valid until three years after the date of vaccination or revaccination entered upon it.

Smallpox lymph has been issued by the Vaccination Section to the general practitioners and hospitals through the postal services.

Influenza Vaccination

There have been difficulties in the supply of influenza vaccine from the manufacturers and no vaccinations against influenza have been given. A special influenza vaccine has been manufactured for protection against the Hong Kong influenza, but supplies were insufficient to meet the demand.

Immunising Procedures Card

A new schedule of vaccination and immunisation was printed in January, giving full information on the timing of vaccinations and immunisations and the recommended intervals between different injections.

Diphtheria, Tetanus, Whooping Cough and Polio Immunisation

		1968	1967	1966	1965	1961— 1964	Others under 16 years	Total under 16 years
Diphtheria/Tetanus Whooping Cough	Primary	1065	1137	112	37	50	11	24
	Booster	29	438	662	72	149	15	13
Diphtheria/Whooping Cough	Primary	—	—	—	—	—	—	—
	Booster	—	—	—	—	—	—	—
Diphtheria/Tetanus	Primary	10	20	4	8	86	89	22
	Booster	9	24	50	16	1641	925	263
Diphtheria	Primary	—	—	1	—	5	18	—
	Booster	—	—	—	—	21	29	—
Whooping Cough	Primary	—	—	—	—	—	—	—
	Booster	—	—	—	—	—	—	—
Tetanus	Primary	9	10	5	9	38	258	33
	Booster	—	1	3	—	18	105	11
Rubin Oral Polio	Primary	1023	1153	100	63	245	123	277
	Booster	38	462	640	107	2163	485	383
Measles	Primary	17	340	435	327	866	31	200
	Booster	—	—	—	—	—	—	—

The Child Health Centres gave 75% of the total immunisations with diphtheria/tetanus/whooping cough triple antigen. School Medical Officers gave 77% of the total diphtheria/tetanus immunisations at the schools and at the clinic, which is held every Thursday afternoon at the School Clinic building.

Most of the oral polio primary vaccinations (69%) and boosters (45%) were given at the Child Health Centres.

The family doctors have given 25% of the total triple antigen and 21% of the diphtheria/tetanus and polio vaccinations.

Measles vaccination commenced in July for children aged between 4-7 years and was extended later to all children aged over 1 year.

Anthrax Vaccination

Twenty-one booster doses for protection against Anthrax were given in February to members of the staff of the Public Abattoir.

Records of Vaccination and Immunisation

In May part-time staff were recruited to transfer about 32,000 records to the computer. These records were written on forms and were then coded for the various vaccinations and immunisations which had been given. An additional code was commenced by the post office for all Brighton addresses and this was included on the records that were fed on to the computer.

The forms were completed by 30th August and the codings were continued for two or three months. After completion the forms were sent to a private firm specialising in the transfer of records to tape.

The transfer of new records that had accumulated since May was then commenced and continued until 31st December.

The new application forms for registration of babies on the computer appointment scheme have been printed. The Superintendent Registrar of Births has kindly agreed to distribute these forms to parents when they register the birth of their baby, so that every parent will be given the opportunity to apply. No applications have been received and it is planned to commence the computer appointment scheme in the New Year.

Poliomyelitis Vaccination

Sabin Oral Vaccine has been used exclusively.

The weekly Poliomyelitis Vaccination clinic was closed in August and the patients were transferred to the School Clinic.

Completion of Primary Course of Three Oral Polio

Year of Birth	General Practitioners	Poliomyelitis Vaccination Clinic	Child Health Centres	School Clinic	Totals
1968	83	—	940	—	1023
1967	420	1	732	—	1153
1966	21	—	79	—	100
1965	21	—	42	—	63
1961-64	31	—	50	164	245
Others Under 16	5	—	23	95	123
Totals	581	1	1866	259	2707

The School Medical Officers continued giving the oral polio vaccinations with the diphtheria/tetanus immunisations at the schools and at the vaccination clinic held at the School Clinic, Morley Street each Thursday afternoon. The total given was 51 more than in 1967.

Boosters of Oral Polio Vaccine

Year of Birth	General Practitioners	Poliomyelitis Vaccination Clinic	Child Health Centres	School Clinic	Totals
1968	—	—	38	—	38
1967	59	—	403	—	462
1966	150	—	490	—	640
1965	14	—	79	14	107
1961-64	261	454	529	919	2163
Others Under 16	7	—	7	471	485
Totals	491	454	1546	1404	3895

The total number of booster polio-vaccinations increased again, and the greatest increase occurred in the School Health Service.

Vaccination and Immunisation of Children

The following table shows the percentages vaccinated for this authority together with the equivalent national figures.

	Children born in 1967			(4) Smallpox : (Children under 2)
	(1)	(2)	(3)	
	Whooping Cough	Diphtheria	Poliomyelitis	
England/Wales	76%	78%	74%	38%
Brighton	90%	91%	91%	44%

The figures in columns (1), (2) and (3) are calculated to show the percentage of children born in 1967 who have been vaccinated at any time.

Column (4) includes only children who were vaccinated during 1968 and were under 2 years old at the time, and is calculated as a percentage of children born during 1967. This gives a reasonable estimate of the proportion of your children being vaccinated against smallpox.

B.C.G. Vaccination of School Children (11 years of age and over)

	Maintained Schools		Independent Schools	
Estimated number of eligible pupils	1621		580	
Number of Consents received	1589		390	
Number of Skin Tests	1458		377	
Positive Reactors to Skin Tests	68		41	
Post Vaccination Positive	70		26	
Vaccinated	1198		306	
Positive Reactors as % of Persons Skin Tested	1968	1967	1968	1967
	4.6%	5.1%	10.9%	8.4%
Positive Reactors + those vaccinated as % of the estimated number eligible	82.4%	87.7%	64.3%	59.8%

There was a good acceptance rate for the skin tests and the percentage of positive reactors decreased again at maintained schools. Each of the positive reactors was given an appointment for an X-ray at the Brighton Chest Clinic and all the results were satisfactory.

Colleges of Further Education

The Sussex University and all the Colleges of Further Education were offered B.C.G. skin tests and vaccinations. The acceptance rate at the University was

atisfactory, but at the Colleges only 23 applied. A talk and a film on B.C.G. vaccination was transmitted on the closed circuit television of one of the colleges, but the response was still very small.

It is now possible that the majority of students have already received B.C.G. vaccinations when they were attending secondary schools, but one half of the applicants who attended for skin tests from the University and the Colleges were found to need the B.C.G. vaccinations.

Consent Cards received	...	...	...	93
Skin Tests	...	...	...	89
Positive reactors to skin test...	...	...	...	18
Vaccinations	...	...	...	42

The proportion of positive reactors is 20% compared with 30% during 1967.

Skin Tests and B.C.G. Vaccination

The Medical Officer gave the vaccinations and the School Nurse gave the skin tests and inspected the B.C.G. vaccinations.

Yellow Fever Vaccination

On 1st January a new Yellow Fever vaccine, which can be used for 60 minutes after reconstitution, was introduced, and in April the additional costs made it necessary to increase the fee charged to patients.

The Vaccination Centre was moved from the School Clinic building to the new Clinic in Morley Street in August. The Centre has been open on 30 Wednesday afternoons and 51 Thursday afternoons, because the timing of appointments was altered in the autumn to Thursdays only.

1,520 patients attended for Yellow Fever Vaccination, which was 114 more than the number for 1967.

MATERNITY AND CHILD DENTAL HEALTH

W. H. GARLAND, B.D.S., L.D.S., Chief Dental Officer

During the year 880 pre-school children were dentally examined and 260 required treatment at the first or a subsequent examination. For those requiring treatment, 682 fillings were inserted in 608 teeth, 96 teeth were extracted and 54 general anaesthetics administered. Full data of the work of the maternity and child dental health service is included at the end of this report. The work done shows increase in all aspects over 1967.

The three-year-old birthday card scheme for reminding mothers of the need for early dental examination and advice was continued during the year. 2,107 cards were sent to children and 232 requests for appointments were received back.

In spite of the valuable work done by the Health Visitors in trying to educate parents as to the simple precautions necessary to maintain good oral health in their children and the importance of introducing a child to the dentist at an early age when little or no treatment is required, it is sad to note that of the 60 children requiring treatment, 53 had their initiation at the dentist because they were in pain.

The Dental Department wishes to thank the Maternity and Child Health Section and in particular the Health Visitors for the valuable work they do towards the dental health of our very young children.

Statistics for the Dental Service for Expectant and Nursing Mothers and Children under 5 years are shown below.

Part A. Attendances and Treatment

Number of Visits for Treatment during year:

	Children 0-4 (inclusive)	Expectant & Nursing Mothers
First Visit	(1) 224	(13) 4
Subsequent Visits	(2) 433	(14) 11
Total Visits	657	15

Number of Additional Courses of Treatment other than the First Course commenced during year	(3) 53	(15) 3
Treatment provided during the year—Number of Fillings	(4) 682	(16) 7
Teeth Filled	(5) 608	(17) 7
Teeth Extracted	(6) 96	(18) 6
General Anaesthetics given	(7) 54	(19) —
Emergency Visits by Patients	(8) 53	(20) 2
Patients X-rayed	(9) 2	(21) 2
Patients Treated by Scaling and/or Removal of Stains from the Teeth (prophylaxis)	(10) 14	(22) 2
Teeth Otherwise Conserved	(11) 80	(23) —
Teeth Root Filled		(24) —
Inlays		(25) —
Crowns		
Number of Courses of Treatment Completed during the year	(12) 240	(26) 7

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	(27) —
Patients Supplied with Other Dentures	(28) 1
Number of Dentures Supplied	(29) 1

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers	(30) —
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Part D. Inspections

	Children 0-4 (inclusive)	Expectant & Nursing Mothers
Number of Patients given First Inspections During Year	(A) 880	(D) 4
Number of Patients in A and D above who required Treatment	(B) 260	(E) 4
Number of Patients in B and E above who were Offered Treatment	(C) 260	(F) 4

Part E. Sessions

Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Health Patients:

For Treatment	(G) 82
For Health Education	(H) 87

DENTAL HEALTH WEEK

17th-20th June 1968

In April and May 1964 a successful campaign was held in Brighton to awake the interest of the population of Brighton, and in particular parents with children, to the benefits of Dental Health. Since that time much has been done in schools and child health clinics to reinforce the aim and ideals of good dental health. The time was considered ripe this year to hold a dental Health Week, again aimed at the population of Brighton as a whole, but especially concentrating

expectant mothers, parents of the pre-school child and on the children in infant schools who would not have been at school at the time of the 1964 campaign. The week chosen coincided with the Annual Conference of the British Dental Association and it was hoped the publicity and atmosphere generated by the Conference would help "get the message across".

Publicity aimed at the population of Brighton as a whole

A poster campaign was mounted on selected hoardings throughout the town, using a poster specially designed and produced by the Oral Hygiene Service. The poster was also produced in "sticker" form for display in Corporation buses and private cars.

A press conference was called and publicity obtained in the local press.

The Chief Dental Officer explained the aims of the Dental Health Week on radio Brighton, who also broadcast a dental health song entitled "The Happy Smile" during the week. (The song was tape recorded by the children of St. Joseph's V.P. School, by kind permission of their headmaster, Mr. Davey).

All local doctors and dentists were supplied with posters for display in their waiting rooms and pamphlets for distribution to their patients.

Chemists and fruiterers were supplied with posters and requested to use their windows for a special display.

Demonstrations and displays were mounted in Royal York Buildings, the School Clinic and local shops.

Publicity aimed at Parents and school children

Head teachers in all schools kindly distributed a letter from the Chief Dental Officer to all school children for them to take home to their parents. The letter reproduced below:

COUNTY BOROUGH OF BRIGHTON

June 1968

Dear Parent,

BETTER TEETH FOR BRIGHTON

As many of you will remember, in 1964 a Dental Health Campaign was held in Brighton to encourage the CHILDREN of BRIGHTON to take better care of their teeth.

From Monday, 17th June, a Dental Health Week will take place, aimed at those children who have entered school since 1964 and to remind all children and parents of the simple rules of DENTAL HEALTH.

There will be lectures and film shows in schools and considerable local publicity.

To keep a child in good DENTAL HEALTH requires the co-operation of the PARENT, the CHILD and the DENTIST.

Please will you play your part and help your child KEEP the following simple rules

- (1) EAT nourishing meals with no sweet sticky snacks in between (Children do get hungry between meals but try fruits or savoury items instead of sweet things).
- (2) BRUSH TEETH regularly **after** meals and **before** going to bed.
- (3) FINISH meals with a cleansing food like an apple or rinse the mouth well with water, when brushing is not possible.
- (4) VISIT THE DENTIST regularly, at least twice a year.

Yours sincerely,

W. H. GARLAND,
Principal School Dental Officer

A team of four experienced dental health educators namely,

Miss A. Burkitt, Health Education Organiser, County Borough of Brighton;

Miss D. Land, Lecturer in Dental Health Education, Oral Hygiene Service;

Miss G. Bush, Dental Auxiliary, London Borough of Lewisham;

Miss J. Chillingworth, Dental Hygienist, West Sussex County Council.

visited all infant schools and infant departments of mixed junior and infant schools during the week. At each school a short talk was given on dental health followed by the showing of a dental health film suitable for the infant age group.

Head teachers kindly helped in bringing dental health into the classroom by arranging the making of toothbrush holders, the production of posters and paintings illustrating a dental topic as part of normal school activities.

All twenty-nine nursery, infant schools and infant departments were visited during the week and this represented a total of over four thousand children.

All schools received a package of dental health education posters and leaflets and were asked to display them. Dental health films were also made available for schools to show on their own projectors.

Publicity aimed at the parents of the pre-school child

With the help and co-operation of the health visitors and staffs of the child health centres and clinics in the Authority, poster displays were set up at all centres and clinics and dental health leaflets were available for handing out to mothers. Health visitors also brought dental health very much to the fore during the week and special emphasis was laid on the importance of this to the small child.

Children who were unfortunately in hospital at the time of the Dental Health Week were not left out and by kind permission of the matron at the Royal Alexandra Hospital for Sick Children, a team visited the hospital and gave a small talk and film in the wards.

Acknowledgment must be given to the willing help and co-operation of all persons and organisations referred to in this report and in particular to Mr. Colin Davis and Miss Doreen Land of the Oral Hygiene Service, Miss Burkitt, Health Education Organiser of the Health Department, and Mrs. J. Krolick of the Dental Department.

PERSONAL HEALTH SERVICES

Mrs. E. BEITH, S.R.N., H.V.Cert., Chief Nursing Officer

Establishment

HEALTH VISITING SERVICE (Full-time)

Superintendent Health Visitor	...	...	...	1
Senior District Health Visitor	...	...	...	1
Senior Geriatric Health Visitor	...	...	...	1
District Health Visitors	...	...	...	24 (including 3 SN/H.Vs. —joint appointment)
Field Work Instructors	...	...	...	3 (included above)
Chest Clinic Health Visitors	...	...	...	2
Geriatric Health Visitors	...	...	...	2

Ancillary Staff (Part-time) S.R.N.s, S.E.N.s, Auxiliaries

Geriatric Section (Home Visiting)	...	...	...	7
Chest Clinic	...	...	...	2
Child Health Clinics	...	...	...	8
Cytology Clinic...	...	...	...	2
Student Health Visitors	...	...	...	2

MIDWIFERY SERVICE

Superintendent Midwife	...	...	...	1
Senior Midwife...	...	...	...	1
District Midwives	...	...	...	8 (one vacancy)

Ancillary Staff

Clinic Nurses (S.R.N., S.C.M.)	...	...	...	2 (also assist in Child Health Clinics)
Student Midwives (Ex-establishment)	...	...	...	6 every 3 months

DISTRICT NURSING SERVICE (delegated to Brighton District Nursing Association)

S.R.N. Full-time	...	...	...	37
Part-time	...	...	...	7
S.E.N. Full-time	...	...	...	2
Part-time	...	...	...	—
Auxiliaries Full-time...	...	...	...	3
Part-time	...	...	...	9
Night Sitters	...	...	...	4

DAY NURSERY

Matron	...	...	...	1
Warden	...	...	...	1
Senior N.N.E.B. Nurses	...	...	...	2
Junior N.N.E.B. Nurses	...	...	...	2
Nursery Assistants	...	...	...	3
Nursery Students	...	...	...	6

HOME HELP SERVICE

Home Help Organiser	1
Area Organisers	6
Home Helps	228

CHIROPODISTS	4
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HEALTH EDUCATION ORGANISER	1
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SOCIAL WORKER (Case worker)	1 plus Health Visitor (Special Duties) 1
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There were few staff changes during 1968; one health visitor resigned due to domestic reasons, but was immediately replaced by a newly-qualified health visitor from an integrated training scheme.

One midwife resigned, but was not replaced as there was insufficient work on the district. This was the only vacancy in any section on December 31st, 1968.

Due to the influenza epidemic in January, considerable strain was placed on the staff, particularly the Geriatric Section, and the team working in the group

project, where doctors and the nursing team alike were "casualties" as well as the many members of the public.

Staff Education and In-Service Training

Regular monthly staff meetings were held by the separate sections, with occasional joint meetings when items of general interest were under discussion.

The staff have also had the opportunity of attending the various conferences held in Brighton and the neighbouring areas, including Study Days and Refresher Courses arranged by local health authorities and hospitals, and lectures at the Sussex Post-Graduate Medical Centre. The latter is of particular importance, as it provides a meeting ground for medical and nursing staff employed by the three branches of the National Health Service, e.g. Hospitals, General Practitioners and Local Health Authorities.

Meetings of Special Significance

March 15th-17th	...	Nursery Matrons' Conference.
April 5th	...	"Family Planning for Great Britain".
April 29th—May 3rd	...	Royal Society of Health Congress (Eastbourne).
May 8th	...	Joint Meeting of L.H.A. and Hospital Staff at the Post-Graduate Centre—Film show arranged by Cow-and-Gate "Midwifery".
June 13th	...	Mental Health Week—Study Day in the Royal Pavilion (also attended by educationalists).
October 4th	...	Conference on "The Green Paper".
October 15th	...	Induction Course for the new members of the Local Authority Staff—"Health Department".
November 7th	...	"The New Family Planning Act".
November 21st	...	"Soiree" in the Corn Exchange to Commemorate 20 years of the National Health Service.

Research

"A Pilot Study of the Work of a Nursing Team in General Practice"

It was reported in the 1967 Annual Report of the Medical Officer of Health that this study had commenced in November 1967. The project continued throughout the year, not without its disappointments, problems, and strains imposed on all members of the team during the influenza epidemic in January. The project was completed on 27th November and an informal party was held in a local hotel to celebrate this occasion!

The report on the project is now eagerly awaited, but whatever the outcome local interest was so aroused, that by the end of the year, six similar teams were working within group practice settings. It is anticipated that many more schemes will evolve during 1969, and it will be interesting to note the increase after a further twelve months.

SOUTH EAST REGIONAL SURVEY

Since 1966, the Midwives and Health Visitors have been involved in the Survey of Chromosomal Defects, which is being carried out by Dr. Fraser Roberts from Guy's Hospital, London. The staff have been so successful in their findings, that the survey is to continue for at least another year.

LOCAL RESEARCH

In the 1967 Annual Report, an account was given of a survey being conducted by a member of staff of the University of Sussex. Unfortunately, due to pressure of other commitments, Mr. Rehin was unable to complete his research project on health visiting, but it is hoped that this will be finished during the next year.

Midwifery Service

The detailed report of the Superintendent Midwife is reported separately, but the following points are worthy of special mention.

In February 1968, a meeting of all medical, nursing and administrative staff concerned with the future of the Midwifery Service was held at a local hospital. A new unit is being erected within the curtilage of the Royal Sussex County Hospital, and it was pleasing to note that the Chief Nursing Officer and Superintendent Midwife of the Local Authority were invited to attend the meeting when the Maternity Wing was under discussion. Emphasis was placed on the need for accommodation for members of the local authority staff, and in this we were indebted to the recommendations of the Regional Nursing Officer, Miss Clarke.

There was an unusually high failure rate in the State Final Examinations for State Registered Nurses in the Autumn of 1968, in consequence of which, Brighton General Hospital was deprived of many intending Student Midwives. The Chief Nursing Officer was asked by the Matron of the Hospital if the Local Health Authority could assist during the crucial period. A rota system was evolved whereby one member of the district midwifery service was seconded to the hospital: this was only necessary for three months, but the Local Health Authority midwives who participated in the scheme were unanimous in their comments, that this was the most effective midwifery "refresher course" which they had ever attended. The entire credit for this must go to Mrs. Wood, the Non-Medical Supervisor of Midwives, who was responsible for the arrangements with the hospital staff.

Home Nursing

The Medical Officer of Health's report for 1967 reported the changes in the preparation of training for nurses intending to qualify for district nursing. The new syllabus and scheme for practical work training was commenced in September 1968. It is too early to comment on the new arrangements at the present time, but judging by the calibre of the present group of students in training, one can anticipate a 100% examination success rate!

Liaison with Hospitals

The well-established links with the local hospitals, which have existed over many years, continued in respect of the paediatric and geriatric members of the local health authority staff who provide this invaluable service.

It was felt that a closer liaison was required in the case of those at present in-patients of the local hospitals, who would be eventually returning to their own homes. It was decided to arrange a meeting with the Matrons of the many and varied hospitals involved, and this was arranged for 4th November, 1968. The Superintendent of the Brighton District Nursing Association convened the meeting in the District Nurses Headquarters. The Chief Nursing Officer and Senior Members of the District Nursing Service were present, and all the local hospitals were represented by either the Matron or Deputy Matron. Mutual problems were discussed, and the meeting was so successful, that senior members of the district nursing staff were invited to speak to the ward sisters of the individual hospitals, and subsequently made arrangements for one district nursing sister to act as liaison officer to each hospital.

Phenylketonuria Tests

These tests on new-born babies have been carried out for the past eight years, by the health visitors—a simple test with phenistix on urine specimens, or a damp napkin. The Guthrie test on specimens of blood, obtained from the baby's heel are, however, now considered to be far more effective. Negotiations are now in hand for the change-over to take place early in 1969, if the local laboratory can cope with the work. The tests will then be undertaken by the mid-

wives, either in the patient's home, or in the maternity hospitals. All tests will be done on the sixth day, subject to the doctor's (paediatrician's) recommendations.

Mobile Clinic

A mobile clinic has been in operation since 1961: the new clinic which was purchased in 1967 (and incidentally exhibited at the Royal Society of Health Congress in Eastbourne that year) has aroused considerable national interest. Several Medical Officers of Health, plus Nursing Officers and Members of Health Committees, visited Brighton during 1968 in order to obtain not only information about the initial cost, and annual running costs, but also to see the clinic in action.

The clinic continues to be used for ante-natal and child health clinics where no suitable premises are available, but may also be used in future for family planning clinics and to provide a "well-baby clinic" in the grounds of the local children's hospital for teaching purposes for the medical staff studying for the Diploma in Child Health.

New Premises

It is always an exciting event when purpose-built premises are opened, and this was no exception when a new building was opened in Morley Street (formerly Sussex Street), Brighton in August 1968—the first new child health post-war premises for the Health Department.

This dual purpose building, consisting of two storeys, but available from ground level in each instance because of the level of the ground, provides above accommodation for an office for health visitors, and clinic facilities for ante-natal Clinics, Child Health Clinics, cytology and parentcraft sessions.

The lower floor is the day-nursery suite which now accommodates fifty children as opposed to the old unit in Manor Road, which could only deal with thirty-six children. The new unit contains a baby nursery, and as it is a teaching unit, now provides facilities for the practical training of nursery-nurse students for children from 0-5 years of age. As it is now sited in the centre of the town, more demands are being made for places in the unit, and the previously small waiting-list is growing alarmingly each month!

Staff Accommodation

The aim of the local health authority nursing staff is to provide a service to the community, but I feel that I must comment this year about the difficulties under which the health visitors have carried out their duties. Nine years ago, they were all accommodated, office-wise, in one large room in Royal York Buildings—maybe a convenient arrangement administratively, but *not* a good thing for the community on the periphery. Over the years, therefore, the staff have been decentralised, and the majority are now working in local authority premises or general practitioners' surgeries throughout the town. This has been no easy achievement!

On 1st April 1968 work began in the large, pleasant room previously occupied by the health visitors, to accommodate the general office and personal services administrative staff. The Superintendent Health Visitor and health visitors who were still present in Royal York Buildings were provided with alternative accommodation in rooms on three floors of the building.

It was an administrative nightmare for the ensuing months until the structural alterations were completed, not only to keep in touch with the staff (for they were constantly changing rooms), but also to maintain contact with the community. For this, I am particularly indebted to Miss Collins, the Superintendent Health Visitor, the health visitors who probably suffered most of all and the telephone operator who was constantly changing extension numbers.

However, the disruption was obviously worthwhile, for accommodation was eventually provided for the existing staff, which also provided room for the Geriatric Health Visitors and Chiropodists who had previously been divorced from the Central Premises.

National Policy

Finally, one cannot help but comment on two reports which, although national policy, will have great implications on the future of local government. July 1968, which was celebrated up and down the country as the 20th birthday of the National Health Service, also heralded the introduction of "The Seebohm Report" and "The Green Paper on the National Health Service". Much has been said and written on these two reports—the outcome is still uncertain. Some members of staff are fearful for their future, some feel that these are only "Government Reports" and may never come to fruition.

To maintain an effective service to the community, staff morale *must* be maintained. The Nursing Staff of Brighton Health Department are consulted whenever changes are to take place, and the fact that there is only *one* vacancy (intentional) at the end of the year, must reflect that there is true "job-satisfaction".

Medical arrangements for long stay immigrants

The health visitors working from the Chest Clinic continued to visit these cases in order to assist immigrants with their medical arrangements and make appointments for any necessary X-rays.

Number of advice notes received	...	...	104
Number of first successful visits	...	...	97

Nursing Homes

The number of nursing homes on the register at the end of the year was:

Maternity homes	...	...	...	...	Nil
Other homes	...	...	...	...	19
Total number of beds...	...	...	...	...	351

The homes were inspected by the Chief Nursing Officer and a Senior Public Health Inspector.

CHILD HEALTH CENTRES†

ANTE-NATAL CLINICS*

*(Examination by appointment through Health Department)

1. PATCHAM, 2-4 p.m., 2nd and 4th Mondays
†Mackie Hall, Mackie Avenue.
2. BEVENDEAN, 2-4 p.m. Mondays
†Youth Wing, Bevendean School.
3. HOLLINGDEAN, 2-4 p.m. Mondays
†St. Richard's Church Hall, The Crossways.
4. MOULSECOOMB, 2-4 p.m. Tuesdays†
Baptist Church Hall, Moulsecoomb Way.
5. FLORENCE ROAD, 2-4 p.m. Tuesdays
†Baptist Church Hall.
6. DYKE ROAD, 2-4 p.m. Tuesdays
†St. Luke's Church Hall, Exeter Street.
7. WOODINGDEAN, 2-4 p.m. Wednesdays
†Methodist Church Hall, The Ridgway.
8. MORLEY STREET, 2-4 p.m. Wednesdays and Thursdays†
*The Clinic.

9. HOLLINGBURY, 2-4 p.m. Wednesdays†
Church Hall, Lyminster Avenue.
10. WHITEHAWK, 2-4 p.m. Wednesdays and Thursdays†
*The Clinic, Whitehawk Avenue.
11. COLDEAN, 2-4 p.m. Thursdays
†The Barn Church, Coldean Lane.
12. LEWES ROAD, 2-4 p.m. Mondays and Fridays
†Congregational Church Hall.
13. ROTTINGDEAN, 2-4 p.m. alternate Fridays
†Public Hall, Park Road.
14. WEST BRIGHTON, 2-4 p.m. Tuesdays
†Christ Church Hall, Bedford Place.
15. QUEEN'S PARK, 10.30-noon and 2-4 p.m. Wednesdays
†St. Luke's Church Hall, Queen's Park Road.
16. WOODINGDEAN, 2-4 p.m. Fridays†
*Hazel Cottage, Warren Road.
17. WESTDENE, 2-4 p.m., 1st, 3rd and 5th Mondays†
*Mobile Clinic, Withdean Stadium Car Park.
18. SALTDEAN, 2-4 p.m. Tuesdays
†St. Nicholas' Church Hall, Saltdean Vale.
19. KEMP TOWN, 10.30 a.m.-noon Wednesdays
†St. Anne's Church Hall, St. George's Road.
20. LEWES ROAD-HOLLINGDEAN ROAD
*Mobile Clinic, Saunder's Park.

Maternal Deaths

One maternal death occurred in Brighton of a patient confined in a Brighton hospital.

Enquiries were initiated on behalf of the Regional Assessor in relation to maternal deaths.

Puerperal Pyrexia

There were five cases of puerperal pyrexia notified during the year. These all occurred in hospital.

Ophthalmia Neonatorum

1. Total number of cases notified during the year 4
2. Number of cases in which:
 - (a) Vision lost 0
 - (b) Vision impaired 0
 - (c) Treatment continuing at end of year 0

Premature Live Births

	TOTAL	Died within		
		24 hours of birth	1-7 days	7-28 days
Born in hospital	136	9	6	1
Born at home and nursed there ...	2	—	—	—
Born at home and transferred to hospital on or before 28th day ...	1	—	—	—

Premature Stillbirths

Born in hospital	22
Born at home	—

Family Planning

Following the discussions referred to in last year's report, agreement was eventually reached with the Sussex Branch of the Family Planning Association to continue as the Authority's agent on the basis of a new formula of payments for advice and for supplies in medical and social cases. During the year financial responsibility was accepted for 30 cases.

Care of Unmarried Mothers and their Babies

The local authority accepted financial responsibility for 57 unmarried mothers.

The social workers employed by the Chichester Diocesan Moral Welfare Association continued to make the necessary arrangements for accommodation in homes before and after confinements, with support and guidance. The local authority continued its annual grant to the Association.

Phenylketonuria

Routine urine tests were carried out on all babies born during the year. No positive results were recorded.

Early Detection of Deafness

Of the 1,539 children under five years of age who were screened, nine were referred for detailed investigation and of these two had significant hearing defects. (See page 10 of the School Health Service Report.)

Child Health Centres

Number of children attending	...	0-12 months	...	...	2,020
Number of children attending	...	1-5 years...	...	...	3,986
Total number of attendances at the clinics	...	...	...	...	33,899
Number of occasions children seen by doctor	...	...	...	...	14,552
Number of children referred for Orthopaedic treatment	...	...	...	...	155
Number of children referred for Ophthalmic treatment	...	...	...	...	106
Number of children referred for Dental Treatment	...	...	...	...	319

Orthopaedic Clinic—Children under 5

Number of children treated	...	...	...	...	169
Number of attendances	...	...	...	...	429

Surgeon's Clinic

Of those included above how many were new cases seen by the surgeon?	...	...	...	...	59
Number of re-examinations	...	...	...	...	44

Verminous Cases

Three children under school age were cleansed at the School Clinic during the year.

Deprived Children

The meetings of the Co-ordinating Committee continued as hitherto and case conferences were arranged as necessary.

Municipal Day Nursery

The Brighton Corporation maintains a Day Nursery. This moved at the beginning of August from Manor House, which had accommodation for 36 children, to new premises at Morley Street (formerly Sussex Street) with accommodation for 50 children.

During 1968 the average daily attendance was 35 and the number of children on the register at the end of the year 50.

Nurseries and Child Minders Regulation Act, 1948

At the end of the year five privately-run day nurseries and two daily minders were registered, receiving into their premises a total of 133 children.

In addition there were 16 unregistered playgroups and 107 unregistered daily minders. As a result of the passing of the Health Services and Public Health Act 1968, the majority of these will require to be registered with the Corporation.

All the premises were visited at regular intervals.

Welfare Foods

Issues of Welfare Foods from kiosk open daily at Royal York Buildings, from Monday to Friday, and from Child Health Centres.

	1964	1965	1966	1967	1968
Orange juice, bottles... ..	36,019	41,666	43,877	41,910	41,966
Cod liver oil, bottles... ..	3,197	3,166	2,873	2,746	2,511
A and D tablets, packets ...	3,790	3,836	3,638	3,448	3,161
National dried milk, tins ...	34,045	32,062	30,766	26,987	24,423
Rose hip syrup, bottles ...	19,439	23,550	23,692	21,135	7,879
A and D drops, bottles ...	7,723	14,005	11,147	11,698	10,318

NURSES' AGENCY

There was one licensed nurses' agency on the register at the end of the year, with the following number of nurses on the register:

Female	S.R.N.	83
Male	S.R.N.	2
Male	R.M.N.	1
Female	R.M.N.	1
Female	S.E.N.	7
Female, Unregistered...		1

DOMICILIARY MIDWIFERY SERVICE

Non-Medical Supervisor: Mrs. M. Wood

Senior Midwife: Miss C. J. M. Dean

Midwives: Mrs. G. B. Armstrong
 Mrs. M. G. A. Ashing
 Mrs. E. Fellbaum
 Mrs. M. Holdaway
 Miss M. Munt
 Mrs. A. C. Squire
 Mrs. M. Wilkinson
 Mrs. S. G. Wilcox

Domiciliary midwifery, as it has always been known is rapidly becoming a thing of the past. Midwives will always be required for domiciliary work, but the pattern is changing. No longer is a patient content to have a home confinement. Hospital delivery followed by early discharge when possible, is the trend, whereby the mother obtains the best of both services.

Modern thinking by doctors and a majority of district midwives agree and encourage this idea. Although the number of home confinements dropped again this year, the midwives have been increasingly busy with post-natal visits to hospital delivered patients, sent home anytime between the second and seventh day of the puerperium.

The second part training of student midwives, four from Southlands Hospital, Shoreham, and two from Horsham Maternity Unit, has continued satisfactorily

Despite the lack of home confinements; their work schedule includes many post-natal visits to problem families and mothers with a poor social background where they quickly learn with sympathy and understanding, how to cope with available facilities. This is only one of the many aspects of their work which with the help of the experienced midwife, is very necessary. Many of these young and enthusiastic students have no idea how "the other half live" until they go out of hospital into the domiciliary field. Further educational visits for the students include:

1. Mental Health; from babyhood to adult, working and social conditions.
2. School and Health visiting.
3. Social services.
4. Welfare services.
5. Family planning.
6. Infant welfare.
7. Ante-natal welfare.
8. Parentcraft.
9. Geriatric welfare.
10. Moral welfare.
11. Remand Home visits.
12. County Borough Sessions.

Student nurses from the Royal Alexandra Hospital for Sick Children, go out with the midwives for a day, visiting homes and clinics on an average of two students a month. Obstetric nurses in training at the Brighton General Hospital also go out with the midwives, each for one day.

All the midwives have motor transport and radio telephones. The pupil midwives use public transport, taxis and the ambulance cars if no other transport is available.

The Emergency Obstetric Unit is based at Brighton General Hospital and deals with cases for Brighton and district.

Mothercraft classes are held weekly on Tuesday from 10 a.m. at Morley Street Clinic in groups of 7 sessions, 3 held by the midwives and 4 by the Health Visitors.

Number of domiciliary confinements booked in 1968	245
Number of women delivered at home	161

The balance, 84, were sent into hospital either during the ante-natal period on medical grounds, or as an emergency when in labour, and several had miscarriages. The remainder moved away to another area.

Numbers of arranged early discharges	875
Numbers of arranged early discharges finally nursed at home	565
Number of patients discharged early for other reasons, e.g. against advice, stillbirths, etc.	376
Total	<hr/> 941 <hr/>

Medical aid required for mothers and babies as follows:

<i>Mother</i>			<i>Baby</i>		
Ante partum haemorrhage	5	Asphyxia	3		
Early rupture of membrane	4	Prematurity	4		
Toxaemia of Pregnancy	2	Pyrexia	1		
Low H6%	1	Eye infection	5		
Foetal distress in labour	4	Abnormalities... ..	2		
Delay in 1st stage of labour	4	Chest infections	3		
Delay in 2nd stage of labour... ..	1	Septic spots	2		
Abnormal presentation	3	Thrush	6		
Retained placenta	3	Feeding problems	1		
Episiotomy	3	Paronychia	2		

Mother

Post partum haemorrhage	...	...	3
Obstetric shock	...	...	1
Pyrexia ...	...	...	6
Urinary infection	...	...	1
Breast infection	...	...	2
Thrombophlebitis	...	...	4
Abdominal pain	...	...	1

Distribution of Midwifery cases

Hospital	No. of beds	Number of women delivered		Number of practising midwives at end of year
		Admitted from Brighton	Admitted from elsewhere	
Brighton General ...	64	1227	369	17 Full Time 6 Part Time
Sussex Maternity ...	62	925	854	19 Full Time 14 Part Time
Domiciliary Municipal Midwives ...	...	161		9
Private Midwives ...	...	—		1

Ante-Natal Clinics

Hospital	No. of women from Brighton	
	Ante-Natal Clinics	Post-Natal Clinics
Brighton General... ..	1259	861
Sussex Maternity... ..	963	494
Domiciliary midwives ...	193	—

Notification of Intention to Practise for Brighton area during year:

Hospital midwives	...	71
Domiciliary midwives	...	10
Private midwives ...	...	1

HOME NURSING

The Statutory duty of the Local Health Authority is carried out by the Brighton District Nursing Association.

The establishment is 50 (including 3 Administrative and Supervisory Nursing staff).

Total number of cases nursed ... 3,865

The Superintendent comments:

The main development during 1968 in the District Nursing Service was the attachment of all the nursing staff to General Practitioners. Although there have been problems, these are gradually being dealt with and the new system is operating well, particularly considering its short existence. In most cases the nurses are having to travel more, but it is considered that this possible disadvantage is mitigated by the fact that there are opportunities for much more co-operation between the doctors and the nursing staff, as previously one nurse could be visiting the patients of over twenty different doctors, and it was

difficult, if not impossible, to consult with these doctors about particular cases.

A close liaison between hospital and domiciliary staff also exists. It is hoped that in the future district nurses will be visiting all of the local hospitals to discuss patients who are shortly to be discharged and will need nursing care at home, an arrangement which already exists in three hospitals.

The Night Sitter Service continues to be used very fully and although more staff have been recruited it is not always easy to meet the demands made upon it.

The laundry service and arrangements for removal of disposable equipment by the Public Health Department continue to be greatly used and appreciated by the District Nursing Service.

CARE OF THE AGED, 1968

Number of aged known to the Section	...	...	...	6,365
Visits made by Geriatric Health Visitors	...	...	...	1,574
Visits made by District Health Visitors	...	...	...	2,778
Visits made by Ancillary Geriatric Staff:				
Mrs. Breen	...	...	...	1,119
Miss Margetts	...	...	...	151
Mrs. Phillips...	...	...	...	702
Mrs. Mills	...	...	...	715
Miss Blizzard	...	...	...	713
Mrs. le Duc	...	...	...	365
				<hr/> 3,765 <hr/>

Requests for services from this Section:

Laundry service, 54—decrease of 46

Home Help, 399—increase of 13

Meals on Wheels, 206—increase of 42

Night Sitters, 31—decrease of 22

Removals under Section 47 of the National Assistance Act—7.

The number of aged seeking advice and help from this Section has been increased by 590 this year, therefore interviews, contacts and arrangements on behalf of the elderly by the Geriatric Health Visitors have again become larger in proportion. Close liaison with the Welfare and Housing Departments has been continued. Weekly visits by the Geriatric Health Visitor to all the hospitals have taken place. Joint visits with the Mental Welfare Officers, and reports and consultations when requested by the psychiatrists have been arranged where both Departments have been involved.

Chiropody this year has again been inadequate due to the shortage of staff. The aged are not only unable to afford private chiropody but are now finding that private Chiropodists are not able to give appointments due to pressure of work. These old people are becoming chairbound, housebound and depressed, mobility being essential to the health of the elderly. The other services continue to be used extensively to give full support in the home.

Convalescence has been much appreciated where arranged and the bathing service again in demand, although often cancelled in winter months owing to weather conditions and inadequate means of heating on the return to their home surroundings.

The Night Sitting Service from this department has decreased but this is due to the fact that requests for night sitters have had to be passed on to the Superintendent Queens Nurse, Mrs. Carden's agency being unable to supply a night sitter or to recruit staff for this work.

Weekend care has been in high demand and will continue to be so while there is insufficient accommodation and suitable housing, lack of hospital beds and Part III accommodation, and where the frail infirm elderly live. We have had very few housing reports requested for the elderly and most of our clients appear in need of 24 hour care or sheltered accommodation with a warder service. The Old People's Welfare Co-ordinating Committee and their Luncheon Clubs have contributed much to the comfort of the elderly; particularly the Luncheon Clubs.

This year in October a closer link between the Geriatric Unit at Brighton General Hospital and the Geriatric Health Visitors' Section has been forged. This is proving to be of great benefit to the patient, the geriatrician and the Department. Due to the co-ordination of the visit of the geriatric health visitor prior to the visit of the geriatrician to the home, it is now possible to arrange the necessary service and support while the client is awaiting assessment and possible admission to hospital. It also ensures that the geriatrician visiting is fully aware of the social background, family needs and the services arranged when he makes his first contact with his patient, a very important factor where the care of the elderly is concerned. In cases of urgency and when hospital beds are scarce, priority for intensive services can also be more accurately directed.

Without the aid of the ancillary staff attached to the geriatric health visitor it would have been impossible to supervise a situation where intensive care for the client has been required. Scarcity of Part III and hospital accommodation continues to exist and places the responsibility for care in the community on the domiciliary services in the home creating the need for further extension as soon as possible.

NATIONAL ASSISTANCE ACT 1948—SECTION 47

Mrs. E., aged 70

This lady lived alone in a bungalow on the outskirts of the town and was first known to the Health Department in February 1967 when it was necessary for her to be cleansed before appearing in court on a summons for non-payment of rates.

Mrs. E was of an eccentric nature and at this time was visited by the Geriatric Health Visitor who only managed to hold a conversation on the doorstep. She was extremely independent and felt she did not require any services.

In June 1967 she sustained a fractured ankle after a fall and attended the hospital Casualty Department. She was taken home and visited by the Geriatric Health Visitor, the Queen's Nurse attended as a plaster had been applied to the ankle.

Mrs. E refused home help and during the visit it was then seen that the furniture, banisters and the back door of the house had all been used for firewood. There was no food nor cooking facilities. Arrangements were made for weekend care and observation from the Health Department, and hot food was taken to the house from the Welfare Services Department. Blankets and a mattress were provided as there was no proper bedding, and the old lady was made comfortable.

For the next three to four months intensive care and visiting was arranged by the Geriatric Health Visitor. Contact was made with other organizations to give help by collecting her pension and trying to clean up and repair her home. The Welfare Services Department also visited and the lady was persuaded to allow help with budgeting and in arranging all her finances. Meals on Wheels were provided three to four times weekly. Rubbish was removed by the Borough Surveyor's Department and Mrs. E's health improved. She was an educated and intelligent old lady and grateful for help but refused to consider domiciliary services in her house.

In December 1967 Mrs. E. deteriorated owing to the severe weather. Week-

and care was again arranged although she was still going out and about, as it was felt that it was too cold for her to be left without hot food and she had no facilities apart from an open fire. The house, which had become reasonably tidy and clean, again fell into a dusty and neglected state.

In January 1968 Mrs. E. was visited by the Medical Officer of Health. She had now started to accumulate used toilet paper on the stairs and was busy chopping up floor boards, furniture, and the fence for firewood. She was extremely tottery, and in a poor condition physically due to malnutrition and neglect.

Mrs. E. refused to consider a Welfare Home, but she obviously needed more care than could be given even with intensive domiciliary visits. Continuing visits were being made by the Health Department and other departments from day to day. She had also slipped on the pavement while out in the streets from time to time. On March 28th Mrs. E. was removed to a Welfare Home for three months, under Section 47, where she settled down and seemed reasonably happy.

Mr. D., aged 85

Mr. D. was first known to the Health Department on 19th July 1968 and was visited by the Geriatric Health Visitor as a matter of urgency. His wife and he were both ill and refusing to see a doctor; he also refused to consider hospital admission.

Mr. D. lived in the house owned by his wife, but the old couple were only able to occupy the ground floor rooms owing to their inability to negotiate stairs. Mrs. D. was suffering from a severe cardiac condition and was almost chair-bound. She agreed to have a Queen's Nurse and a home help.

Mr. D. had a severe lung condition and was completely bedridden. Their rooms were in a state of neglect and Mr. D. was requiring immediate hospital attention. On the 30th July Mr. D. was removed to Brighton General Hospital where he died two weeks later. Geriatric Health Visitors continued to visit the wife, and domiciliary services were arranged for her. She died three months later.

Mrs. A., aged 84

This lady was known to the Health Department from 1963 and visited regularly by the Geriatric Health Visitor. She deteriorated in spite of domiciliary services over the years. Mrs. A. lived in a bed-sitting room near the town centre. She left Brighton on several occasions but returned to the town and found accommodation. Mrs. A. was an extremely independent old lady and during the last three years she had sustained a fracture of the thigh bone, fractured wrist and fractured arm, was crippled by arthritis and walked with crutches.

Mrs. A. gave care and support, in her early days to a young relative who lived with her and was under the care of the Mental Health Section. The old lady was in constant need of help almost every week to sort out finances, food and family problems created by the presence in her bed-sitter of her relative, with whom she was quite incapable of coping. Mrs. A. was admitted to various homes for short periods, but would never agree to stay and was visited by the Health and Welfare Departments and on several occasions by the Medical Officer of Health with a view to encouraging her to allow the departments to guide and support the relative in his home while she entered Part III accommodation, but all to no purpose, as Mrs. A. was adamant she was going to remain in her room.

Finally, in January 1968, Mrs. A. was found in her bed-sitter with no food, no facilities for personal cleanliness or cooking and her accommodation being shared by the relative, three cats, a tortoise and thirty birds. Mrs. A. herself was confused and suffering from general neglect. She was seen by the Medical Officer of Health and removed to a Welfare Home for a period of three weeks,

which was extended to three months. In July Mrs. A., against advice, returned home. The services recommenced, but in November of 1968 Mrs. A. deteriorated and extensive services including weekend care were arranged. The relative had again returned to the bed-sitting room which she occupied. In March 1969 this old lady left Brighton but returned within a few days and was admitted to a Welfare Home as she was unable to find further accommodation. The Mental Health section took over the supervision of her relative.

Mrs. B., aged 80

This old lady became known to the Health Department in March 1964. She lived in unfurnished rooms on the first floor and had a basement kitchen, in a terraced house near the centre of the town. Heating was provided by means of a paraffin stove. The relatives had become very worried because Mrs. B. was forgetful and confused, losing money, and not paying her accounts. The Geriatric Health Visitor called, and arranged for Home Help and Meals on Wheels to commence, and visited regularly, giving moral support and advice. In October 1967 Mrs. B. became extremely tottery and started to use all kinds of receptacles to store urine, and also threw the urine out of the window. She became abusive and aggressive to her relatives who visited and tried to help. She did not undress at night and neglected her personal hygiene. It was suggested that the Queen's Nurse would help with regard to this as Mrs. B. was now requiring constant help with washing and general care, as she was incontinent also, but this was refused.

In November Mrs. B. was visited by the Medical Officer of Health and agreed to accept meals on wheels but refused to consider any other services. In January 1968 she was re-visited by the Medical Officer of Health and was then not willing to consider a Welfare Home and refusing all help apart from Meals on Wheels. An aged relative was visiting daily and trying to help, but could not continue.

She was kept under observation by the Geriatric Health Visitor until February 1968, when she was again visited by the Medical Officer of Health. She was found lying in bed; the rooms were filthy, and the relative was quite unable to visit.

Mrs. B. was adamant that she did not wish to accept any services. Application was made to the Court by the Medical Officer of Health and she was moved to a Welfare Home on the 16th February. Three days later she was moved to hospital and then to St. Francis Hospital.

Mrs. C., aged 91

Mrs. C. lived alone in a bungalow which she owned and had lived in for thirty years. She was first brought to the attention of the Health Department in September 1959, six months after the death of her husband, and did not recover from the shock of his death. Mrs. C. had no family apart from a sister living next door. The Geriatric Health Visitor called and Home Help and Meals on Wheels were arranged. At the end of September her sister died and she was left entirely alone.

At this time Mrs. C. had become partially sighted and was extremely frail and tottery. Over the years she was visited by the Geriatric Health Visitor and in spite of many falls and blackouts, insisted on remaining at home with supportive services.

In December 1967, Mrs. C. was visited by the Medical Officer of Health as she appeared to be deteriorating rapidly and required twenty-four hour supervision. Extensive services continued including weekend care and observation almost daily by the Geriatric Health Visitor. She agreed to enter a Welfare Home when a vacancy occurred. A vacancy was found on 14th December 1967, but Mrs. C. refused this.

On the 20th December 1967, Mrs. C. was visited by the Medical Officer of

Health and observation by the Health Department continued as she was not willing to enter a home.

On the 19th February 1968, Mrs. C. was found suffering from hypothermia, although she was still refusing to consider a home. The Queen's Nurse, Home Help and Geriatric Health Visitor were all making visits and weekend care was also given by the Health Department.

On the 20th February a visit was made by the Deputy Medical Officer of Health and Mrs. C. agreed to enter a home, but on the 21st a vacancy was again refused. On the 22nd February an application was made for removal under Section 47 for three weeks to a Welfare Home and was granted. In August 1968 the old lady left the home and went to live with a relative. She was again visited by the Geriatric Health Visitor and services arranged to support the young members of the family.

In December 1968 Mrs. C. was admitted to hospital having become bed-ridden and incontinent. She died in March 1969.

Mr. H., aged 63

Had been known to the Health Department since 1964 after he had sustained a stroke: he was tended by his wife with some help from the Corporation Services and additional private help.

A crisis occurred when, in February of 1968, Mrs. H. was removed to hospital where she remained, suffering from a severe illness. Mr. H. was left alone in the house, bedridden, without speech and partially paralysed. He was unable to attend to his own needs in any way apart from eating and drinking. A private help who had been with the family for a considerable time, tried to manage to look after him by providing meals and doing what she could with regard to bed making and so on, but she was non-resident and, therefore, Mr. H. was alone at night. A visit was made by the Medical Officer of Health and Geriatric Health Visitor on three occasions but Mr. H. adamantly refused to enter hospital, where his family doctor felt he should go in order to obtain the necessary care and treatment.

The Queen's Nurses visited on many occasions but the patient refused to allow them to do anything and was extremely abusive and aggressive, not only to the staff of the Health Department and other Departments but also to the private help he employed. As Mr. H. was in a first floor room in a three-bedroomed house and had the door locked at night by a neighbour, there was therefore no means of attracting any attention if he had an accident.

On March 14th he was visited again by the Medical Officer of Health and advised to accept admission to hospital but again he was adamant that he wished to remain at home, at the same time refusing any services in the home. The private help had also left being unable to continue in the present situation.

Mr. H. was removed to hospital where he remained for some time and was rehabilitated, being able to get up and walk a little with aid. He was then transferred to a private home with his wife, who recovered, and they are now reasonably content.

Miss F., aged 70

Miss F. lived alone in a small bed-sitting room on the ground floor: she was notified to the Health Department in 1955. At that time, Miss F. was a recluse and did not go out. Heating was by four oil stoves and the room and ceiling were completely black from the smoke. Curtains were kept drawn. The lady was verminous. When she was young, her interest was music and she sang at festivals at the Crystal Palace. She was very fond of knitting but had insufficient money to buy wool. She was cut off from the world as she had no radio. The Geriatric Health Visitor made frequent visits. Miss F. was cleansed, fresh bedding supplied by the Welfare Department, Women's Voluntary Service provided wool for knitting, and also a portable wireless was obtained.

Miss F. was placed on the Housing List to be re-housed as soon as possible and she agreed to accept the services of a Home Help twice weekly.

On 9th October 1963, moved to a Welfare home for temporary accommodation as the water pipes in the house were destroyed by vandals. On October 10th she was re-housed in a ground floor bed-sitter. Miss F. settled in well. Did not go out but was getting about in her room. Home help, meals-on-wheels and visits by Geriatric Health Visitor were arranged. She continued happily in this way until April 1966 then refused Home Help and the room became cluttered with dirty rubbish and rotting food and Miss F. neglected her personal hygiene.

June 1966, Home Help Service was accepted and refused spasmodically. In July visited by the Medical Officer of Health. Agreed to accept services but would not consider moving to a Welfare home.

December 1967, complaints from other tenants as Miss F. was not going to the toilet or bathroom and was using a bucket which was offensive and was never emptied. Also getting very confused at times. Visited again by the Medical Officer of Health. Home Help still attending.

May 1968, Miss F. now using the sink in her room for all purposes and the pipes were full with faeces. Public Health Inspector visited and advised; Welfare Officer visited with regard to a vacancy in a Welfare home. Home Help attending and Geriatric Health Visitor still calling but Miss F. would not allow the Home Help to wash the floor or clean the room.

28th May, Miss F. visited again by Medical Officer of Health. Still adamant that she would remain where she was and there was no improvement with regard to her own personal cleanliness.

10th October, visited again by Medical Officer of Health. Home Help no longer able to attend. The other tenants in the house complaining of offensive odour from Miss F's room.

Workmen called to repair the sinks and pipes but refused to do so as the room was in such a filthy state. Miss F. herself was deteriorating and requiring care, attention and proper food and warmth.

22nd December 1968, Miss F. removed to a Welfare home for three months. Remained there until April 1969, when she died.

HOME HELP SERVICE

The Service has continued to run at the same level as last year. The total number of patients helped is the same, though long-term patients increased slightly. The number of Home Helps employed decreased slightly but the smaller number managed to get through approximately the same amount of work.

Recruitment of Home Helps is getting slightly more difficult. Instead of long waiting lists it is now possible to employ those found suitable within a few weeks of their application.

An outstanding event of 1968 was the celebration in October of 21 years' service as a Home Help by Mrs. Clara Graysmark. As she made her usual weekly visit to the office one Friday afternoon she was greeted with a round of applause and a gift of flowers from her colleagues.

Two Organisers attended the Mental Health Study Day held in June, and as the Institute of Home Help Organisers held their 3-Day School in Roehampton in September it was possible for three Organisers to attend part-time instead of the usual one delegate for the whole period.

Two Organisers continued their studies throughout the year for the Certificate of the Institute of Home Help Organisers.

Home help to householders for persons

Aged 65 or over on first visit in 1968	Aged under 66 at first visit in 1968				
	Chronic sick and tuberculosis	Mentally disordered	Maternity	Others	
1907	103	6	101	127	TOTAL 2238

Staff: Organiser ...	...	...	...	...	...	...	...	1
Assistant Organisers	...	...	...	...	...	...	...	6
Administration and Clerical	...	...	...	...	...	...	...	2
No. of home helps	(a)	Whole time...	...	...	...	...	...	—
	(b)	Part time	...	...	...	...	...	228
	(c)	Whole time equivalent of (b)	...	...	...	...	...	119

HEALTH EDUCATION

Miss A. E. BURKITT, Health Education Organiser reports:

The purpose of Health Education is to make health a valued community asset, to give people the knowledge to help solve their own health problems and promote the development of the health services.

Health Education touches on every member of the community—the young mother worried about her baby's sleep, the old man needing a Home Help and not knowing who to ask, the teenager living off buns and cigarettes because she is "slimming". All these people want information. The mother will be helped by her doctor or health visitor, the old man by a poster, leaflet or radio talk. The teenager presents the most difficult problem. Her school may provide information on nutrition, television may warn on the dangers of smoking, or she may receive friendly advice from a parent or club-leader.

The Health Education section cannot educate Brighton on health by itself: this is a co-operative venture working with all who are interested.

Over the last year we have been expanding the links we already have with the community and forming new ones: the Estates Department allow us to have empty shops in the middle of town for poster displays; as well as the Health Department's Clinics, we send posters, leaflets and other publicity material to public libraries, the Housing Department, Youth Clubs and interested firms. We have 50 regular poster sites around the town. The number is increased for special campaigns.

The Chamber of Commerce, Pharmaceutical Society and Church organisations have given valuable assistance providing channels of communication.

The opening of Radio Brighton was an exciting challenge. We now have weekly health talks on "Coffee Break" as well as supplying speakers and information for other programmes.

Clubs of all sorts enable one to talk to people about subjects they have chosen. In 1968 eighty-four talks were arranged with Clubs. The most popular titles were "The Work of the Health Department" and "The Work of the Public Health Inspector". The most common reaction was "Well, we didn't know all that went on". Many people are over-awed by the "Town Hall". They have little idea where their rates are spent and an important part of Health Educa-

tion is to help them to understand the services which, after all, are provided for them.

During the year schools were provided with lists of visual aids, leaflets and posters. It is hoped that, as the section becomes known, they will make more use of what is available.

Safety is an important aspect of Health Education. At least half of the monthly displays in Royal York Buildings have been devoted to Home Safety. We have also co-operated with the Fire Brigade over fire prevention and Guy Fawkes day. Schools were supplied with posters and leaflets, as were business firms who co-operated by displaying them in their shops, etc.

June 9th to 15th was the third annual Mental Health Week. It was an opportunity for the Health Department to work with a wide range of people. The New Venture Theatre Club produced "A Day in the Death of Joe Egg", which was highly successful as both evenings were booked out. A Study Day on the theme "Mental Health in the Family, Community and Industry" was held. 200 people attended by invitation representing Health, Education, Industry, the Churches, various organisations and the general public. The Art College students produced an excellent display in a shop in North Road.

Radio Brighton and the local press gave us valuable support and publicity. The Mental Health establishments were open to the public and the final evening was a coffee party in the Banqueting Hall of the Royal Pavilion as a joint occasion with the Society for Mentally Handicapped Children.

The following week was Dental Health week, of which a full account is given in the Chief Dental Officer's report.

During the second part of the year the Health Education section has arranged periodic lunch-time meetings for anyone interested in the Health Department and other Corporation Departments and including outside guest speakers who have arranged to talk about their work, such as Mrs. Bowen Jones of the Bristol "Open Door" Advisory Centre for young people. These meetings have proved a useful point of contact.

In-service training was arranged for the Midwives and Health Visitors on the education of the ante-natal mother. Talks were also given for the Home Helps on Home Safety and first-aid.

It is very difficult to estimate how many people are reached by Health Education, but one indication that the section is becoming known is the increasing number of the general public, other services and students who contact us for information and publicity material.

Health Education is as old as the hills, but it is only in recent years that attempts have been made to try to find out areas of needs and to co-ordinate the many people involved. Even the most efficient department is only scratching the surface. In Brighton at the present time we work where we can. There is very little obvious pattern as yet. I have set out below the basic plan on which I work. I have divided life into various need groups and have indicated the personnel who are involved. Until all these people are trained in true preventive, medico-social education, we will not progress very far.

1. THE ANTE-NATAL MOTHER AND FATHER

Basic anatomy and physiology, which is necessary for them to understand the needs of pregnancy and may also help for later sexual adjustment
 Parentcraft and relationships
 Medical and social services available
 Family Planning advice
 Education of employers

Personnel involved

Relations and neighbours
 General Practitioner
 Midwife
 Hospital staff
 Medico-social workers

IMMEDIATE POST-NATAL PERIOD

Practical parentcraft
 Support of the medico-social services
 Reinforcement of Family Planning information

Personnel involved

Relations and neighbours
 General Practitioner
 Midwife and Health Visitor
 Hospital staff
 Medico-social workers

EARLY PARENTHOOD 0-4 years

General supporting services, e.g. doctor and health visitor
 General Health Education and prevention of infectious diseases
 Birth of the next child
 Reinforcement of family planning knowledge
 Provision in industry for working mothers
 Mothers' clubs and playgroups
 Nursery school
 Early sex education of the child

Personnel involved

Relations and neighbours
 G.P. Clinic doctor and Health Visitor
 Dental services
 Medico-social workers
 Play leaders and nursery school teachers

1. THE CHILD AT SCHOOL (PRIMARY)

Development of new parental interests
 Adult education
 Health Education integrated into the school curriculum and reinforced at home
 Expansion of the child's world

Personnel involved

Relations and neighbours
 G.P. and school health services
 Medico-social workers
 Teachers
 Club leaders
 Mass communications

5. THE CHILD AT SCHOOL (SECONDARY)

All aspects of human growth and development covered year by year in the school curriculum
 Comparative studies of human societies
 Prevention of illness
 Population and contraception
 Social morality
 Care of the elderly
 Wide opportunities for community work
 Adequate careers guidance

Personnel involved

Relations and neighbours
 Teachers and Youth Employment Officers
 Club and Youth leaders
 School counselling service
 Medico-social workers
 Mass communications
 G.P.s.

6. YOUNG ADULT

A comprehensive Youth Service
 Opportunities for the development of a wide range of interests
 Sports facilities
 Youth Counselling service—legal, sexual, contraception, employment, accommodation
 a place to talk, referral
 Pre-marital advice and education

Personnel involved

Relations and neighbours
 Medico-social workers. G.P.s.
 Youth and Club leaders
 Mass communications

7. WORK SITUATION

Industrial health and welfare service
 Personnel service
 Provision for working mothers
 Opportunities for retraining
 Development of new interests
 Practical pre-retirement courses
 Meaningful employment for the retired
 Coming to terms with one's ambitions and actual achievement

Personnel involved

Relations and neighbours
 Employers
 Health Services
 Medico-social workers
 Government agencies
 G.P.s.
 Adult Education Service
 Mass communications

PRIORITIES

Schools of Nursing
 Medical Colleges
 Colleges of Education
 Further education of all types
 In-service training of trained medico-social workers
 Mass communications. Education of employers
 Research into attitudes and beliefs

WORK AREAS ACTUALLY ACHIEVED*Mass Communications*

Regular weekly talks on Radio Brighton. At present we are producing a series on "Child Growth and Development"
 Special talks when requested, or if the Health Department needs special publicity
 Use of local newspapers for news interest items
 Wide circulation of posters and leaflets to clinics, libraries, doctors' rooms, shop windows
 Small involvement with the College of Technology's Television Department
 Exhibitions for pre-selected groups, e.g. College of Education

Antenatal period

Most Brighton deliveries take place in Hospitals, who also like to take their own antenatal classes but we have two Mothercraft groups, one in a group practice with Health Visitor Midwife attachment, the other at the Central Clinic
 We have run in-service training for the Midwives and Health Visitors on ante-natal education with emphasis on Family Planning and personal relationships

Post-natal and Early Childhood

More clinics are now developing mothers' clubs and play groups. This can be an exciting field with many possibilities for experiment and community development. We also try to contact all outside groups. Last year (the first year of the present Health Education Section) we did 84 outside talks

Schools

We have a good relationship with the Education Department and we hope, in the near future, to start in-service training courses for interested teachers

I teach fourth-year girls in two secondary schools. The Senior School Nurse teaches in three schools

One Health Visitor is taking Mothercraft in one school

A survey has been completed through the Education Department on Junior and Secondary Schools' attitudes towards sex education

Youth Work

We have very close liaison between the Health Education Section and Youth Service, both voluntary and statutory. We take part in School Leaver's courses, Youth Club talks and supplies of posters and leaflets

Work situation

We have links with the local Chamber of Commerce who will supply mailing lists or include information in their circulars

I give health talks in staff training programmes of several firms and we supply other firms with publicity materials. Through talks to such organisations as Rotary one reaches many influential people. These groups never ask for talks on Family Planning, but vague titles like "The Middle Years" which gives me the perfect opportunity to discuss family planning as preventive medicine and its economic aspects. Talks to these groups are also useful because they are normally fully reported in the local press

Deaths from Home Accidents 1968 analysed by age

	—1	1-4	5-9	10-14	15-24	25-44	45-64	65+	Total
Male	3	1	—	—	—	—	—	13	17
Female	2	1	—	—	—	—	4	39	46
Totals ...	5	2	—	—	—	—	4	52	63

These figures emphasize the main field of preventive work among the aged.

SOCIAL WORK IN THE HEALTH DEPARTMENT

Mrs. Gibbons, who had previously worked as a Health Visitor, returned to the Department in August 1967, having successfully completed a Professional Generic Social Work Training Course at the London School of Economics. Through this course which lasted one academic year, she also obtained qualification as a Medical Social Worker.

She was afforded the opportunity to assess how her special skills and training could be most usefully employed. Members of the Health Department co-operated willingly and it became clearly apparent that her function should be inter-sectional since social problems were rarely confined to a single section.

The preliminary appraisal indicated that her work should consist of the following:

- (1) Consultation over cases presenting social problems with which other members of the staff felt in need of help.
- (2) Short-term intensive work with a small number of cases presenting problems of special difficulty and likely to benefit from such help.
- (3) Co-ordination of work involving various sections and/or Departments.

Her work began to develop along these lines during the year.

In April this year, Mrs. Gibbons was appointed as Social Worker to the Health Department. Her work has continued along the lines intimated through her initial appraisal.

As her function has become more widely known, her work has increased and continues to do so. This new appointment has been welcomed both in this department and outside.

CONVALESCENT HOLIDAYS

The Health Department received numerous requests for assistance with recuperative holidays during 1968. These requests were initiated by a wide variety of agencies and in each case the recommendation was backed by the General Practitioner.

Recuperative holidays were arranged as follows:

	Referred by G.P's	Initiated by Others
Children	12	Health Visitors and Child Care Officers
Mothers and children ...	6	Mental Welfare Officers
Adults	24	Social Service Centre
Geriatrics	22 Male 56 Female	Geriatric Health Visitors Self-referrals

Miss Evans who arranges recuperative holidays has continued her work in connection with the Marie Curie Memorial Foundation and with patients suffering from cancer and other chronic illness.

We have again received assistance authorized by His Worship the Mayor from the Kingsley Butt Trust, including nursing home fees for eight patients and from the Marie Curie Memorial Foundation who also gave a substantial contribution towards the fees for seven patients. As in the past financial help was also made available through the National Society for Cancer Relief.

CANCER PREVENTION CLINIC

The attendance figures at the Cancer Prevention Clinic were maintained during 1968, clinics averaging two a week, representing 42 women, or 21 per clinic session.

New patients numbered 1,264 which represented 56% of the total attendances.

	1967	January- March 1968	April- June 1968	July- September 1968	October- December 1968	Total 1968
Attendances	2149	445	563	440	736	2184
Confirmed positives ...	9	3	—	2	2	7
Breast referrals ...	66	12	12	7	8	39
T.V. infection... ..	55	10	8	12	18	48
Other conditions ...	215	140	145	150	162	597
Glycosuria and Albuminuria ...	31	—	1	2	5	8

The slight increase in attendance during the months April to June was due to advertising in March.

Three-yearly recalls sent out in September account for the sharp increase in attendance during the last three months of the year.

This increase in attendance due to recalls should be maintained well into 1969.

AMBULANCE SERVICE

Officers of the Ambulance Service:

Chief Ambulance Officer: A. J. SUMPTER

Deputy Chief Ambulance Officer: E. R. Kimber

Control Officer: S. A. Charlwood

Training Officer: C. Relf

Station Officers: J. Thom, A. Bunney, C. Donno, A. MacKay, F. Hurley

The number of patient journeys covered by the directly operated Service was 7,688, a decrease of 536, which together with 7,148 patient journeys covered by the Hospital Car Service (a decrease of 1,128) brought the total patient journeys covered by the whole Service to 104,836, a total decrease of 1,664. The directly operated Service covered 351,524 miles (a decrease of 5,140 miles) and the miles run per patient journey was 3.6.

Compared with 1967, increases and decreases are as follows:

<i>Increases</i>				<i>Decreases</i>			
Accident and emergency ...	...	306		Maternity ...	...	45	
Inter-hospital ...	...	100		Infectious ...	...	18	
Mental ...	...	90		Others ...	...	47	
Hospital to home ...	...	215		Treatments and returns ...	...	2791	
18" Club ...	...	2516		For other authorities ...	...	40	
Day nursery ...	...	84		Downsview Training Centre ...	...	270	
Night sitters and geriatric visits...	...	47		Health department occ./therapy	...	683	
Total increases ...	...	3358		Total decreases ...	...	3894	
	Decrease	...	3894				
	Increase	...	3358				
	Net decrease	...	536				

Accident and Emergency Calls

These calls again increased by 306, from 4,677 in 1967, to 4,983 in 1968 and it is of interest to note that no significant increase in road accidents resulted during the darker early mornings as the result of the introduction of British Standard Time in the last few months of 1968.

Use of Resuscitation Apparatus carried on 11 Major Ambulances

The need for the use of resuscitation apparatus arose 287 times during the year with the following results:

Respiratory arrest	174	Successful	29 (16.6%)—of respiratory arrest
		Unsuccessful	145
Embarrassed breathing	113	Successful	113

Night Sitter Service

Night Sitters continued to be provided through the Geriatric Health Visitors and the District Nurses, and where necessary, the Night Sitters together with equipment were conveyed to look after 533 patients during the year.

Training

The experimental training courses for ambulancemen planned and commenced in 1967 by the Department of Health and Social Security, continued in 1968 at nine Authorities' ambulance training schools in the country and the courses became known as "interim courses".

Hampshire County Council and Surrey County Council provided these courses in the southern area at their ambulance service training schools. During the year two ambulancemen attended a course run by the Surrey County

Council and a further four men and one Station Officer, one run by Hampshire County Council; these courses were of six weeks' duration.

The first Ambulance Service Instructors' Course of two weeks was held at Easingwold, Yorks, in June 1968 mainly on an experimental basis, and the Brighton Training Officer attended.

An Officers' course was run by the Hampshire County Council in December 1968 and Station Officer Donno attended.

All the above entrants successfully passed the assessment held at the conclusion of the training.

The Training Officer has continued his work with new entrants, also refresher training to all staff, and the general standard of work performed is kept at a high level.

National Safe Driving Competition 1968

The following awards were obtained in the Safe Driving Competition for drivers who had driven throughout the year without accident in which they were in any way blameworthy:

- 25 Diplomas
- 2 Five-Year Medals
- 1 Bar to Five-Year Medal
- 1 Bar to Fifteen-Year Medal

Royal Humane Society Award

As the result of a "999" call to Brighton beach on the 28th June 1968, Ambulancemen R. Brown and J. Stowell together with P.C. Rea, Mr. D. Peterman and Mr. Sydney Herbert made a heroic attempt to save the life of a man who got into difficulties in a very rough sea.

The man was caught by a large wave, washed over a groyne, and was seen floating inert about 20 yards out.

In a collective effort all these men waded into the sea and Mr. Peterman subsequently managed to get the victim out of the water with the aid of a boat hook and the help of the other men.

Appropriate resuscitation was administered by the ambulancemen, but unfortunately without success.

The Royal Humane Society's Award on parchment was presented to all five men by the Mayor of Brighton, Alderman J. Taylor later in the presence of the Chairman of the Health (General Purposes) Sub-Committee, Councillor Mrs. Nettleton and Senior Officers of the Health Department.

Visitors to the Ambulance Station

Members of local organisations continued to show interest in the Ambulance Service by requests for groups of persons to visit the Ambulance Station from Youth Clubs, Young Wives' Groups, Church Guilds, Technical College Students, St. John Ambulance Brigade and the British Red Cross Society.

Arrangements were also made for visits by Police recruits, Fire Brigade recruits, Student Nurses, Hospital workers, and Local Government entrants to provide them with background knowledge of the Service.

During the year 58 visits were made by the above organisations and 1,048 persons were given explanatory talks by the Ambulance Service Officers and shown round the Control Room, Station, vehicles and equipment.

Eleven visits were also made to outside establishments to teach oral resuscitation and to give talks on "the approach to home, and other accidents".

Oral Resuscitation

It has for years been the policy of the Department to freely assist any group of persons who wish to become competent in administering oral resuscitation in

we hope that when the need arises someone will be available to quickly commence inflation of the lungs and keep it going until an ambulance crew arrives with resuscitation apparatus.

As the result of this we now often find that oral resuscitation is already in progress on the arrival of the ambulance crew, and some success has been achieved and a definite contribution made to saving of life during the all important period of the first few minutes.

The importance of this simple early procedure cannot be over emphasised and any steps taken to expand the number of mouth to mouth operators within the community must be a useful contribution.

AMBULANCE SERVICE

QUINQUENNIAL AVERAGES

1956-1960 1961-1965 1966-1970 1971-1975

Total Mileage	400,000 350,000 300,000 250,000	274,078	297,065		
Total Patient Journeys	100,000 95,000 90,000 85,000 80,000 75,000 70,000	67,181	81,610		
Treatment, O. P., etc.	45,000 40,000 35,000 30,000 25,000	25,624	32,384		
Treatment Returns	45,000 40,000 35,000 30,000 25,000	24,147	30,562		
Hospital to Home	6,500 6,000 5,500	5,595	5,574		
Others	5,500 5,000 4,500	5,082	4,974		
Accident and Emergency	4,500 4,000 3,500	3,219	3,770		
Inter-Hospital	2,000 1,500 1,000 500	780	1,306		
Maternity	1,500 1,000 500	945	1,084		
Mental	1,500 1,000 500	1,029	1,045		
Infectious	1,000 500	236	219		
For other L.H.A.	1,000 500	526	480		
Rail	1,000 500	777	695		
Patients carried by Hospital Car Service	4,500 4,000 3,500 3,000 2,500 2,000 1,500 1,000 500	295	813		
Miles per Case Journey excluding Rail and Hospital Car Service		4.1	3.7		
VEHICLES	Ambulances _____ Cars _____ Mini-buses _____	11 9 —	11 9 —		
STAFF	Officers _____ Station Officers _____ Driver-Attendants _____ Women Drivers _____ Clerk-Telephonists _____	2 5 31 4 3	2 7 39 2 2		
TOTALS		45	52		

ANNUAL FIGURES

1965 1966 1967 1968 1969 1970

Total Mileage	291,968	336,752	356,664	351,524		
Total Patient Journeys	82,602	92,208	98,224	97,688		
Treatment, O. P., etc.	32,641	37,662	40,286	39,708		
Treatment Returns	30,694	35,485	38,026	37,460		
Hospital to Home	5,460	5,346	5,427	5,642		
Others	4,855	5,257	5,675	5,675		
Accident and Emergency	4,558	4,356	4,677	4,983		
Inter-Hospital	1,601	1,367	1,551	1,651		
Maternity	1,076	1,006	974	929		
Mental	1,152	1,005	891	981		
Infectious	198	172	155	135		
For other L.H.A.	578	594	564	524		
Rail	549	475	706	578		
Patients carried by Hospital Car Service	2,377	4,011	4,138	3,574		
Miles per Case Journey excluding Rail and Hospital Car Service	3.5	3.7	3.6	3.6		
VEHICLES	11 9 2	11 10 2	11 11 2	11 11 2		
STAFF	2 7 41 1 2	2 7 38 *7 2	2 7 39 *7 3	2 7 45 *7 2		
TOTALS	53	56	58	63		

*Full time equivalent

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

TUBERCULOSIS

There were two deaths from tuberculosis in hospitals in the Brighton area. 8,862 attendances were made at the Chest Clinic during the year, of which 1,186 were by new cases.

316 of the new cases were referred via the Mass X-ray Unit. Two of these had active tuberculosis.

54 patients were visited by the Chest Physicians in their homes and hospitals during the year.

275 new contacts of cases of tuberculosis were examined during the year, none of whom needed treatment in hospital for tuberculosis.

147 B.C.G. vaccinations were carried out at the Chest Clinic during the year.

196 school children were X-rayed at the Chest Clinic during the year, following positive tuberculin tests at school. Parents when accompanying them, were offered chest X-rays. All the films were normal.

The total number of primary notifications during the year was 13 pulmonary and 4 non-pulmonary.

The total number of cases still on the Tuberculosis Register on 31st December 1968, showed a decline with 214 cases of pulmonary tuberculosis and 21 cases of non-pulmonary tuberculosis.

Rehabilitation

One case continued to be maintained at the British Legion Village, Aylesford.

Supplementary Foods

On the recommendation of the Consultant Chest Physician official orders for milk, butter and eggs are given to patients to hand to their suppliers. During the year 64 patients were supplied with milk and 17 with butter and eggs.

Occupational Therapy

Three sessions were held each week in the Health Department work-room with a Demonstrator in attendance. In addition domiciliary visits were made to patients unable to attend sessions.

Patients attending Royal York Buildings	...	...	...	...	20
Total attendances	...	...	...	...	890
Sessions held...	...	...	...	...	150
Patients visited in their homes	...	...	...	...	17
Number of domiciliary visits	...	...	...	...	81

It was decided that Social Evenings would be dropped for a trial period. Friends were asked to join social activities on Wednesday afternoons. Three guests attended regularly making 138 total attendances during the year.

Coach outings were arranged during the year and were well attended and enjoyed by everyone.

No Christmas party was held, the patients preferring a visit to the Pantomime with tea to follow. This outing was arranged for early in the New Year.

B.C.G. Vaccination of Contacts of Tuberculosis

113 B.C.G. vaccinations were given to contacts at the Chest Clinic during the year.

Mass X-ray

The East Sussex Mass Radiography Unit is based in Brighton.

The Director of the Unit, Dr. B. G. Rigden, has kindly sent me the following particulars of examinations carried out in Brighton during the year.

Age Groups			Number X-rayed		
			Male	Female	Total
Figures for 1967 in parentheses					
Up to 15 years	...	...	160 (147)	191 (175)	351 (322)
16 to 25 years	...	...	3360 (2590)	2797 (2471)	6157 (5061)
26 to 35 years	...	...	1493 (1168)	1225 (985)	2718 (2153)
36 to 45 years	...	...	1368 (1191)	1492 (1225)	2860 (2416)
46 to 59 years	...	...	1829 (1503)	2000 (1518)	3829 (3021)
60 years and over	...	...	1096 (897)	951 (818)	2047 (1715)
			9306 (7496)	8656 (7192)	17962 (14688)

Of the above total 2,800 (2,166) people were sent by their family doctors to the Unit for X-ray examination.

Assistance from the Hedgecock Bequest

An allocation is made to this Department from a charitable bequest which is used mainly for the benefit of patients suffering from tuberculosis and for the aged.

Expenditure during the year was as follows:

	£	s.	d.
Conveyance in wheelchair of patient to hospital	2	0	0
Grant for fare to Scotland...	10	0	0
Clothing	3	19	11
Contribution towards electricity arrears and for television rental	20	7	7
Assistance with rent arrears	15	11	3
Grant towards nursing home fees...	45	0	0
Grants for clothing for Mental Patients	39	18	3
	£136	17	0

CHIROPODY SERVICE

For the first five months of the year there was a full establishment of chiropodists.

In May the first chiropodist appointed to the new service in 1961 resigned and one full-time chiropodist reduced his services to part-time. As a result the waiting list for appointments for domiciliary treatment increased and in December it was necessary to close the lists for both domiciliary and clinical treatments. The number of chiropodists at the end of the year was one full-time and six part-time chiropodists.

Given below are statistics for the year with comparable figures for 1967 in brackets. It will be noted that despite staff shortage the numbers of patients dealt with increased by over 14% and the number of treatments by 60%.

<i>Number of patients</i>	Aged	...	...	...	1646	(1,352)
	Others	...	...	...	4	(5)
					1650	(1,357)
<i>Number of treatments</i>	Clinical	...	...	...	5856	(4,449)
	Domiciliary...	...	...	...	3797	(1,620)
					9653	(6,069)

I am indebted to the Director of Welfare Services for the following information on blindness, epilepsy and spastics:

INCIDENCE OF BLINDNESS

Follow-up of Registered Blind and Partially-sighted persons—1968

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends:				
(a) No treatment	2	—	—	27
(b) Treatment (medical, surgical or optical) ...	10	6	—	32
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	8	5	—	27

In the above table the figures given relate to the primary ocular disease given on form B.D.8, but in

- (i) (a) Complications and sequelae are given in 7 cases, of which 5 are cataract and 2 others.
- (b) Complications and sequelae are given in 30 cases, of which 18 are cataract and 12 others.

Of the 48 cases in (i) (b), 43 were already patients at an Eye Hospital and 40 remain so. One has removed from the area since registration and for two surgery may be possible later.

Of the remaining five, two have not yet decided re treatment, two are prevented from having treatment by their general health and one died shortly after registration.

The number of Forms B.D.8 received in respect of persons newly-certified as blind or partially-sighted was 77.

Ophthalmia Neonatorum

Total number of cases notified during the year—four.

EPILEPTICS AND SPASTICS

1. EPILEPSY

At the end of the year there were 31 epileptics on the Handicapped Persons' Register maintained by the Welfare Services Department.

Part III Accommodation

Four adults were maintained by the Welfare Services Department at the Chalfont Epileptic Colony and one at the Meath Home, Godalming. During the year one man was discharged home from Part III accommodation in a voluntary home.

Employment

One woman remained in sheltered employment at the Barclay Workshop. Three men and one woman were in full employment.

Educational

Three boys were maintained at the Lingfield Epileptic Colony by the Brighton Education Department.

General

The Welfare Services Department arranged a holiday for one woman during the year. One young woman was referred to the Welfare Services Department by the Youth Employment Officer after unsuccessful attempts to retain employment. This girl attended the Department's Craft Centre, and was awaiting a vacancy at the Chalfont Epileptic Colony for a short rehabilitation course. One woman continued to attend the Craft Centre and the man discharged from Part III accommodation also attended on three days per week. One young man remained under the care of the Children's Department.

2. CEREBRAL PALSY

At the end of the year there were 33 persons on the Register.

Part III Accommodation

Six people remained in Part III accommodation maintained there by the Welfare Services Department. There was one new admission of an adult woman during the year.

Holidays

The Welfare Services Department assisted the local Spastics Society in arranging holidays for two spastics, meeting half the cost and providing transport. Special holiday arrangements had been made during the summer and at Christmastime for six of the residents in Part III accommodation.

Occupational

Four children and three adults attended the Day Centre run by the local Spastics Society, but during the year the Welfare Services and Health Departments gave special consideration to the children, and arrangements were in hand for one girl to go to the Meldreth Manor Training Establishment, and for one boy to go to the Downsview Training Centre at Brighton.

Educational

Four girls were attending the Education Department's Central Class for Handicapped Children and one girl was maintained by that department at the Chailey Heritage School. Two boys remained in residential training establishments.

General

During the year the Welfare Services Department arranged a training course for one young man at Sherrards Industrial Training Centre. This man obtained regular employment on completion of his course. Two girls remained in full time employment.

Appliances

During the year the Welfare Services Department continued to supply various aids and appliances not available under the National Health Service

MENTAL HEALTH SERVICES 1968

Chief Mental Health Officer: Mr. L. MEADWELL

In submitting my Report on the mental health services for 1968, I am very conscious of the ever increasing, and at times almost uncontrollable pressures which are being exerted on the resources of the department. Such pressures can be seen to be attributable to a variety of causes ranging from increasing awareness of local residents of services available, to their improved willingness to accept them. This, in part, is no doubt due to the extensive health education programme in the town, but in no small way is brought about by the conscientious way in which officers of the mental health service carry out their duties. It is through this medium that family doctors, psychiatrists, officers of other departments of the corporation, hospitals and voluntary agencies, each recognize the true value of community care for the mentally disordered.

Residential services for the mentally ill remain restricted to the short stay hostel at 79 Stanford Avenue, and similar provision for the mentally subnormal, to a 13-bedded home for mentally handicapped children.

The matrons and staffs of these homes carry a very heavy degree of responsibility in caring for the mentally disordered. In the case of subnormal children it is frequently the case that the handicap includes other disabilities, such as blindness, deafness or other gross physical impairment, together with any social maladjustment which may be present.

With regard to residents recovering from a mental illness your staff often have to cope with their bizarre and unpredictable thoughts and actions. At all times they must accept the residents for what they are and not for what they would like them to be. In this way patients learn to live more at ease and equip themselves for return to normal society.

TRAINING CENTRES

It is gratifying to report that educational and training facilities for the mentally handicapped in Brighton can be seen in a very favourable light. The extensive facilities and up-to-date training programme are a credit to the teaching staffs concerned and stand as a glowing tribute to the foresight shown by the Health Committee in the planning stage. Nevertheless, we must not be complacent about the situation. The Prime Minister, speaking in the House on 26th November 1968, indicated that steps were being taken to transfer to the Department of Education and Science at an early date, the responsibility for education of mentally handicapped children. Generally speaking, such action is to be applauded, for it will remove the "not considered capable of benefitting from education at school" stigma, against which parents, professional workers and other interested persons, have been fighting for many years.

Obviously, any contemplated change locally will be given careful and considered thought. The need for close and understanding liaison between the teaching and administrative staffs of the Mental Health Service and the Education Service in effecting any anticipated change, is clearly recognised. There is, however, a growing feeling of uncertainty in the minds of those who are engaged in providing the existing service. This will only be resolved when it can be seen that any proposed change takes into account the educational needs of all children, whatever the type or degree of handicap.

The training and industrial occupation of adult subnormals is, of course, well-established with the facilities offered at Downs View and New England House which, at present, combine to provide a most comprehensive service.

It is perhaps at a time like this that we should be taking a long hard look at the adult training provisions of the Downs View Centre. At present it can be seen that training facilities are geared towards preparing those subnormals who

will subsequently be transferred to the industrial atmosphere of New England House, with the necessary social training and industrial competence. At the same time it acts as an occupational unit for the more severely handicapped whose disabilities are so great as to prevent them moving on to New England House.

In any forward planning brought about as a result of the Department of Education becoming responsible for the educational needs of all handicapped children, it may be anticipated that teaching programmes will continue until the handicapped person reaches the age of 18 or 19 years. It can, therefore, be seen that a most feasible and viable proposition would be for the adult facilities at Downs View as they now stand to be included in any change. Any such change could mean that alternative arrangements would need to be made for the more severely handicapped adult who at the present time is cared for at Downs View and will not aspire to the benefits offered at New England House.

It may well be that in the very near future acquisition of more space at New England House adjacent to the existing facilities may be the most economical and rational way of overcoming any impending difficulty such future change is likely to bring. In the meantime, close liaison with the Education Service is maintained and the number of educationally subnormal school leavers benefiting from a period of attendance at New England House is continuously demonstrated.

RESIDENTIAL SERVICES

Plans for the provision of long stay residential care of the chronic mentally ill in Brighton will not bear fruit for some time to come. In the meantime, such patients wherever possible continue to be maintained in private accommodation with their meagre incomes often being subsidised by this authority in order to meet the ever increasing cost of residential charges.

In an effort to bring early relief to this difficult situation the members of the Health Committee will recall the visit of the official party to Newport in April last. At that time we inspected and were impressed with that authority's efforts to accommodate within the local housing provision patients suffering from a chronic mental illness. In this way small numbers of 4-5 patients shared council houses. It was seen that despite severe handicap more often than not brought about by years of institutionalization, these patients with support from the appropriate agencies were functioning as normal members of society.

The Newport scheme, as it is referred to, impressed us all and following the Health Committee's recommendation the Housing Committee ultimately resolved that housing for a similar type project be made available in Brighton. It is hoped that in the near future a start will be made on this project and my thanks are due to the Chairman and members of the Housing Committee together with Mr. Patching, the Housing Manager and his staff who have shown such enthusiasm and support for this venture.

With regard to the adult subnormal, I am, of course, very conscious of the lack of residential services. It is, nevertheless, a problem which during the year has repeatedly been given serious and sympathetic consideration. Plans are now well ahead for the provision at an early date of a purpose-built 25-bedded home for male and female adult subnormals.

Residential accommodation for the elderly mentally infirm in Brighton is, to say the least, conspicuous by its absence. It is a situation quite rightly criticised by clinicians in the area responsible for providing hospital services as they see their hospital beds becoming blocked with elderly patients who, though clinically recovered, require protected care in the community yet cannot be discharged. Such patients may have no homes to return to, or their relatives influenced by difficulties experienced in managing the patient before admission to hospital or recognizing the lack of day care in the community,

refuse to accept the patient home. Some have homes to go to but live alone and being without families or friends, would be unable to cope.

Similar criticisms are made by family doctors who, in endeavouring to arrange the admission to hospital of an acutely disturbed old person, are more often than not exposed to the same difficult set of circumstances.

Clinical services provided by family doctor and hospital specialist for the mentally disordered in Brighton are of a very high standard. It is, therefore, essential that community services must expand at the same pace. Obviously the national policy restricting spending has seriously delayed the capital building programme for the mental health service. Nevertheless, demands on the service increase daily at a tremendous rate. More and more people are returning to the community from hospital; this places almost uncontrollable demands on the resources of the department.

As previously indicated many of these demands are on behalf of elderly mentally infirm persons who, because of reasons already mentioned and the lack of residential facilities in the town, are recommended for placement in other suitable protected accommodation. It can be seen that most of these elderly persons are unacceptable for accommodation provided by the Welfare Department of this authority, and generally speaking their idiosyncratic behaviour and the level of supervision required necessitates admission to Registered Homes or Nursing Home care. Inevitably, the fees for this type of accommodation are high and, if this type of provision in lieu of residential care is to be maintained, then an appropriate increase in expenditure must be anticipated.

DAY CENTRES

The Craft and Social Centre at 18 Preston Park Avenue for persons recovering from a mental illness, continues to offer stability and support. Applications from family doctors and psychiatrists for this type of supportive and therapeutic help for their patients are now met more frequently as the positive help of the centre is recognised.

As mentioned in previous reports, the Centre continues to be used in the evenings for other activities, ranging from an evening social club for the mentally ill to family group activities for alcoholics. In this way the building as a unit is used to its full and many areas of community need which would not otherwise be met are given consideration.

It is disappointing to report that plans for the opening of the day centre for elderly mentally infirm persons at Woodingdean have been delayed due to associated economic restrictions. Whilst the need for restricted spending at national and local level is clearly recognized it is nevertheless frustrating to those responsible for administering community care when forward planning, and indeed provision is held up in this way. It is even more frustrating when it can be seen that such provision could lead to ultimate saving of further heavy expenditure.

The remarks so far have not taken into account the relief to families, friends, and the community in general who at present have to cope in a very ill-equipped way with this difficult problem. Is it any wonder when families, friends, neighbours and landlords say "I can no longer tolerate the difficult behaviour of this old person"?

The National Health Service is geared towards maintaining the mentally disordered wherever possible in the community. If such an enlightened programme is to be maintained then it is absolutely imperative that community provision be kept abreast of clinical opinion and hospital attitudes. In line with the most urgent need for day care for elderly mentally infirm persons the necessity for providing residential care is closely identified.

COMMUNITY CARE

Fieldwork Services continue to be the backbone of the community mental health programme; they are the main channel of communication within the department, by which means the needs of the community we serve become known, investigated and acted upon. As mentioned in my previous report the field work services have now been decentralized, with one team of mental health social workers operating from Hazel Cottage, Woodingdean, and the other from Herbert Hone Clinic. The value of placing community services closer to the doctors and families served is clearly identified when we look at Table I and see the increased number of cases referred and dealt with during the past year.

As was anticipated a Ministry of Health prescribing centre for those persons addicted to heroin or cocaine, was established at the Herbert Hone Clinic early this year. Two mental welfare officers of this authority, in addition to carrying a normal case load, have unquestioningly given very full support to the consultant psychiatrist running the centre. They have been responsible for providing not only social reports but also the stability and relationships necessary for those addicts prepared to accept help. As was anticipated the existing fieldwork services are not equipped to accommodate the ever increasing demands of the prescribing centre, and in line with the other heavy pressures on young fieldwork services it will be necessary to consider a further increase of the fieldwork services if the present standard of care is to be maintained.

Considerable achievement has been made by your Boarding Out Officer who liaises closely with other fieldworkers and the hospitals. It is her conscientious approach to duty and her strenuous efforts which do much to maintain the harmonious relationships with boarding house keepers, landladies and others who take on the exacting residential care of the mentally disordered.

Staff Training

As the scope of the section expands, so the training needs of the staff increase. In recognition of this an extensive in-service training programme has now been introduced.

Attendance on short courses keeps staff members abreast of changing trends and techniques and maintains the professional standards of a progressive mental health service.

Social work students continue to be seconded to the Section for casework supervision and links have been forged with Sussex University and the Certificate in Social Work Course at Portsmouth. The co-operation of officers in accepting students and their participation in the in-service training programme is greatly appreciated. Without their help the training needs of junior and inexperienced staff could not be met.

General

From the 9th to 15th June a Mental Health Week was again nationally observed. In Brighton we were extremely fortunate with the help of Miss Birkitt, Health Education Organiser, and the permission of the author to stage at the Pavilion Theatre the play "A Day in the Death of Joe Egg". This was particularly pleasing as it was the first production of the play outside the West End of London and thanks are due to the New Venture players who so dramatically conveyed its serious message to the audience.

Mental Health establishments as in previous years held open days. The usual coffee mornings, sales of work and exhibitions were given a good send off by the Mayor and Mayoress Alderman and Mrs. Taylor who started off the week at Downs View Training Centre and subsequently visited each establishment.

During the past year mental health establishments received organised visits by the Chairman and members of the Health Committee who were accompanied by the Mayor and Mayoress together with other members of the council and

nief officers. Such interest in the work of the Mental Health Service and the efforts of the staff is greatly appreciated.

In recording my thanks to all members of the staff of the Mental Health service who carry out their duties so efficiently, thus easing my burden of office, I wish to pay tribute to the clerical and administrative staff for their continued support and help.

In a report of this type, it is only fair to mention the amount of clerical work and administrative effort necessary to the smooth running of the department. As demands on the professional service increase, so administrative pressures increase accordingly.

For ease of reading there follows a short report relative to each establishment which generally speaking has been compiled by the appropriate senior member of staff. Statistical tables are shown on pages 71-74.

TRAINING CENTRES

Downs View

Training Centre for Mentally Handicapped Children and Adults

Organiser: Mr. V. Atkinson

Deputy Organiser: Miss A. Hollis

Supervisor: Mr. Cooke

<i>Assistant Supervisors:</i> Mrs. Barker	Miss Koenders	Mrs. White
Mrs. Holding	Miss Pattison	Miss Aitkenhead
Mrs. Harber	Mrs. Harris	Mr. Webb
Miss Kent	Mrs. Scroggie	

Trainee Assistant Supervisors: Miss Maxwell-Hayde, Miss Virgo

General Assistants: (6) (shared duties at Beaconsfield Villas Home)

Cook: Mrs. Leaver

Development of the educational and training programme together with improved and continuous assessment of all children and adults attending the centre has been the main theme over the past year. Already the positive nature of our efforts is beginning to be seen in the improved educational attainments and social learning of the trainees. As in previous years much interest has been shown in the centre and the facilities it offers. Visitors from local, national and even international organisations have visited the centre, many have visited on more than one occasion. In addition students from hospitals, schools, Colleges of Further Education, Teacher Training Courses and the University of Sussex are continuously in attendance.

Visits of observation to an establishment like this are greatly welcomed and the reward is seen in the enlightened approach to mental handicap which younger people of the town so very noticeably demonstrate. The amount of voluntary work carried out not only at this centre but at other mental health establishments in the town is a great tribute to them and of course it can be seen that so much of this voluntary effort comes about following observation visits to this unit.

Needless to say, the comprehensive way in which the voluntary effort of young people in the town is co-ordinated, is in no small way attributable to the efforts of Mr. Roger Else, Voluntary Youth Service Co-ordinator. His efforts like those of his volunteers, are very much appreciated throughout the Mental Health Service.

During the year there were approximately 50 organised visits of observation to Downs View with about 500 people participating. In assessing the year's work of this establishment this fact must be taken into consideration in view of

the associated pressures placed on staff and training, and the careful planning which is so necessary in order to prevent any disruption of training or embarrassment to the children and adults who attend here.

Parents of trainees are of course encouraged to visit the centre at frequent intervals and in this respect we are grateful to the efforts of the Parent Teacher Association who have done much to publicise the work of the centre and encourage parents to become more positively involved with our extra-mural activities. The kind interest and financial help of the Brighton and Hove Society for Mentally Handicapped Children is also greatly appreciated.

Staff

During the year Miss Pattison returned from Chiswick having completed two-year course of training and Miss Aitkenhead will be returning from the Leeds course in January next.

It is gratifying to report that our aim to acquire a complement of fully trained staff is slowly nearing fruition, Miss Virgo being halfway through her two-year course and Mrs. Harris and Miss Maxwell-Hayde having commenced training in September of this year.

All staff members are anxiously awaiting the proposed national changes in education for the mentally handicapped and whilst from an administrative position it may be seen that their anxieties are groundless, one can appreciate the effect such radical change might have on their future careers.

Holidays

Children and adults attending the centre enjoy the usual end of term holidays but in addition as in past years, an organised holiday to the Isle of Wight was arranged in May. As usual it was a holiday very much appreciated by the trainees and it gave them much enjoyment. The staff however who on this occasion were ably assisted by staff from New England House and the Beaconsfield Villas Hostel, returned physically and mentally worn out but very content at the success they had achieved.

Social Training

A second Language Master now adds to the social educational facilities provided at the Centre. During the year three trainees were transferred to New England House, having become socially competent enough to travel by public transport unescorted. Eight other trainees are also travelling daily by public transport to the Centre as part of their training. Success of any social training programme is of course largely dependent on the staff and the success of the programme to date is indicative of the hard work and enthusiasm of those concerned.

New England House

Industrial Training Centre for Mentally Disordered Adults

Manager: Mr. K. Mason

Deputy Manager: Mr. D. Elsey

Assistant Supervisors: Mr. H. Blackburn, Mrs. G. May, Mr. B. Cane, Mr. J. J. Roberts

General Assistants: Mrs. P. Winchester, Miss R. Tullett

Cook: Miss J. Wilmshurst

During the year the establishment has been increased by two members of staff. Mr. Cane was appointed as an instructor—mainly on the woodwork side, although he has proved himself extremely adaptable to most tasks sought of him in the centre. Miss Tullett also joined the staff in the capacity of General Assistant. Mr. Elsey, deputy manager, left us temporarily for the purpose of

professional training, and will be returning in August 1969. Mr. Blackburn has taken on the duties of deputy manager in Mr. Elsey's absence.

Trainees

During the year the spectrum of the service provided at New England House has broadened in many ways. Not only has the total number of trainees increased but proportionately, more trainees have been able to benefit from the training and found employment in the community. 1968 has also seen the admission of selected mentally ill trainees to the centre as well as one physically handicapped. It has been found that there is no need to separate the different handicaps intentionally, a natural division takes place purely on their individual ability and their resultant location within the workshop. The success of the integration within the centre of the mentally ill and the subnormal trainees has highlighted the degree of close liaison with the mental welfare officers—without whose support much of the achievement at New England House would be impossible. A closer link with the Stanford Avenue Hostel, as a result of trainees attending from there, has furnished a useful bonus of observational information, only possible when round the clock supervision is available.

The scope of contract and home produced work has widened during the year and on average there have been some dozen different types of work being carried out in the centre at any one time. Not only has the revenue from work increased but, more has been earned by and paid to individual trainees.

The variety of work coming into the centre has widened during the year. More contact has been established within the building and now six firms in New England House supply us with a diversity of work. Twenty-nine different types of contract work have been undertaken in the training centre, this does not include woodwork and other home-made products such as rosettes.

Co-operation with other training centres and hospitals in the area has flourished under the auspices of the East Sussex Advisory Committee for Mentally Disabled. A great deal of interest was shown by our appearance at various shows, including Expo-68 and the Franco-British Fair at the Metropole. Let us hope that these exercises in public relations bear fruit and result in mental stigma being eradicated.

Holidays

As in previous years the centre remained open all the year except for Christmas week, holidays being taken by staff and trainees on a staggered basis.

Unfortunately, because of lack of time to organise it, the trainees did not experience an organised day trip. However ten trainees were able to go on the Downs View holiday for a week to the Isle of Wight.

It is hoped that not only a day trip, but a week's holiday may be arranged next year, possibly at Butlins.

Social Training

Reference is now made to the invaluable work of Mrs. May in Social Training. During the year the trainees have continued to profit from her endeavours. This work is perhaps the hardest undertaken in the centre.

The re-grouping of trainees has been improved, and with the help of Mr. Atkinson a more comprehensive training programme is being evolved. It is gratifying to all concerned when a trainee—some thirty or forty years old—rushes up to the office frantically waving a tatty scrap of paper on which he or she has "written", for the first time in their life—their name.

The year culminated in the usual Christmas activities, the highlight of which perhaps being the pantomime "Cinderella" put on by the staff for the trainees. It was difficult to determine who enjoyed themselves most.

RESIDENTIAL ACCOMMODATION

83 Beaconsfield Villas

Home for 13 mentally subnormal children

Matron: Mrs. M. Crawford

Housefather: Mr. H. Crawford

Assistant Matron: Miss S. West

Day Attendants: Mrs. K. F. Harris, Miss S. Newington

Night Attendant: Mrs. Bear

The past year has been a very full and eventful year at this children's home. We started off the year with nine children in residence, eight of them being more or less permanent guests, whilst the others were staying with us for a short period of time in order to give temporary relief to their parents and families. No less than another 40 admissions have been arranged since that time and the true value of this residential unit is more than fully appreciated by those Brighton families who, from time to time, need to take advantage of our services for their mentally handicapped children.

There can be no real substitute for a child's own parents and immediate family, but here every effort is made to run the home as a family group with staff and children each sharing life's experiences together.

Wherever possible, all children attend the Downs View Centre in just the same way as other mentally handicapped children. In May, several of them accompanied by members of staff, enjoyed a holiday in the Isle of Wight with other children from the Downs View Centre.

The use of the departmental minibus on public holidays and during weekends has proved to be a great help in running the home, as has the kind interest shown by so many people who go out of their way to help.

Our general assistants who also carry out work at the Downs View Centre are a great help in caring for the children and special thanks are, of course, due to all members of staff.

In particular I would like to thank the many voluntary helpers especially the girls and teaching staff of the Varndean School for Girls, they not only provided many hours of voluntary help in the home, but also on their own initiative and expense provided two swings for the children. The Mayoress, Mrs. Taylor who, together with the Mayor, Alderman Taylor, has shown very great interest in the home and the handicapped children we care for, kindly accepted the swings on behalf of the children on the occasion of our Coffee Morning, which was held on the 12th June and raised £25 for amenities in the home.

Members of the Brighton and Hove Society for Mentally Handicapped Children have, of course, always been of great support and help to us. Since the home was established they have provided the home with extra items of equipment, provided the children with gifts at Christmas, and monies for outings and facilities for the children to attend the Ace of Clubs. Their efforts are much appreciated on behalf of all the children.

79 Stanford Avenue

Home for eight mentally ill adults

Matron: Mrs. J. Livingstone

Deputy Matron: Mrs. W. Blackburn

The past year has shown that the smooth running of the hostel is greatly improved by the admission of both male and female patients. Despite the bizarre and unpredictable behaviour of some of our residents, it can be seen that tolerance and understanding of each other's problems becomes more noticeable whenever females and males are in residence together.

One occasion during the past year, necessitated the admission of a young unmarried mother who not only found her own problems resolving in the warm family atmosphere of the home but found that she too played a valuable part in helping the other residents with their problems.

It is now recognized that the hostel is a viable unit offering an essential link between hospital and normal everyday life in the community for those in need of its specialised services.

During the year a number of outings were arranged and the use of the departmental minibus for organised outings at weekends proved to be a valuable asset to the well-being of the residents.

DAY CENTRES

18 Preston Park Avenue

Craft and Social Centre for mentally ill adults

Warden: Mr. P. Jones

Deputy Warden: Mr. F. Proctor

Occupational Therapists: Mrs. W. Thomas, Miss R. Taylor

The Craft and Social Centre continues to serve as a haven for those Brighton residents recovering from a mental illness. Its success as an effective amenity of the local community, can be seen by the increasing demand for membership.

On the 31st December 1968, the membership stood at 164, showing an increase of 34 new members during the year.

Generally speaking the activities of the craft centre have remained occupational and therapeutic but the therapeutic value of the services offered is now receiving closer attention. Assessment meetings at monthly intervals have been introduced when social workers, centre staff and psychiatric staff involved, get together and co-ordinate their individual efforts in the treatment programme of each member.

It is, of course, recognized that more than a fair proportion of members are likely to require the facilities offered at the Craft Centre for an indefinite period and so any treatment programme must be geared accordingly with staff at all times being fully aware of the individual needs of every member.

Evening activities are carried out on most days of the week and in particular the Thursday evening social for subnormal adults is extremely successful with an average attendance of 52. The support given by the local Society for Mentally Handicapped Children, other voluntary workers, and in particular the mental health social work staff is much appreciated.

Special events during the year were held as follows:

Outings to Leonards Lee Gardens, Windsor and Chessington Zoo, with an evening trip to London to see "The Black and White Minstrels". Open Days during Mental Health Week, an "At Home" during August and a pre-Christmas sale of work. A series of talks on "Safety in the Home" was given by the Health Education Organiser, visits of observation were made using the minibus and various amateur groups presented entertainment on social evenings.

To all those who helped make the year so successful the thanks of members and staff are gratefully shown.

FIELDWORK SERVICES

Team I

Office: Herbert Hone Clinic, Princes Street

Area: That part of Brighton west of the Lewes Road

Senior Mental Welfare Officer: Mr. A. Allen

Mental Welfare Officers: Mr. G. Jones, Mrs. M. Zaft, Miss J. Clough, Mr. I. Richards

Officers away on social work training: Mr. A. Harrop

In May following review of the Mental Health Section it was felt that a Mental Health Social Worker should be available to meet the special needs of the mentally subnormal and their families, who from time to time encountered crises in the home. Miss Clough, Mental Welfare Officer, who returned to duties in April after following generic training at Sussex University took on this specialised role.

Mr. Jones, Mental Welfare Officer continues with his close involvement with the probation service and the courts and the effect of this service continues to be reflected in the reduced numbers of persons admitted to hospital from the court.

It can be shown that the fieldwork services in this area are particularly vulnerable to the very heavy demand of minority groups such as addicts, whether it be drugs or alcohol, or the psychopathic actions and nomadic wanderings of those who have opted out of society and just wander into the town.

The drug prescribing centre and follow-up clinics for persons recovering from mental illness are all administered from the Herbert Hone Clinic and each in its own right places a very heavy pressure on the fieldwork services. Nevertheless, the quality of work carried out by Mental Welfare Officers remains first-class and I am truly grateful for their assistance during the year.

Team II

Office: Hazel Cottage, Woodingdean

Area: That part of Brighton east of the Lewes Road

Acting Senior Mental Welfare Officer: Mr. J. W. Knox

Mental Welfare Officers: Mr. Matthews, Mr. Rowe, Mr. Butcher

Trainee Mental Welfare Officer: Miss Thwaites

Officers away on social work training: Mr. Hoad, Mr. James

1968 was the first full year of Team II being situated at Hazel Cottage, Woodingdean. The team is now well established and functions as an autonomous unit covering the wide geographical area of Brighton east of the Lewes Road. This, of course, involves the officers in considerable travelling but much is gained from their more intimate knowledge of what must be Brighton's most demanding areas of social need, Moulsecoomb, Whitehawk and Kemp Town.

Excellent liaison is maintained by daily contact with the section's headquarters at Princes Street and, although Team II is situated three miles away, no problems in communication are apparent.

The end of 1968 finds the "Woodingdean" team in good heart ready to play its full part in the Brighton Mental Health Service in meeting the ever increasing and challenging needs for the community care of the mentally disordered.

	MENTALLY ILL						SUBNORMAL						SEVERELY SUBNORMAL						PSYCHOPATHIC						TOTALS
	Male			Female			Male			Female			Male			Female			Male			Female			
	A	B	C	A	D	E	A	B	C	A	D	E	A	B	C	A	D	E	A	B	C	A	D	E	
Number of persons referred 1.1.68—31.12.68 Source of referral:																									
(a) General Practitioners ...		58	14		58	48		1			7														186
(b) Hospitals for casework help ...		162	26		172	150		9			9														528
(c) Hospitals for other purposes ...		38	6		32	22		12			5														115
(d) Local Education Authorities ...								7			3														10
(e) Police or Courts...	1	94	3		39	12		9			8														166
(f) Other Sources ...		109	29	1	149	100	4	29	1	1	12	1	1												437
TOTALS...	1	461	78	1	450	332	4	67	1	1	44	1	1												1442
Dealt with as under:																									
Hospital admission—Informal ...		57	7	1	60	41		1	1	1	4														173
Section 25 ...		17	5		17	13					1														53
Section 26 ...		6	1		4	2		2																	15
Section 29 ...		14	1		10	10					1														36
Section 60/65 ...		5			3																				8
To Out-Patients ...		12			14	14					1														41
To Community Care...		197	45		232	170	3	35			17		1												700
To other Agencies ...	1	80	10		50	33		18			10														202
No action ...		73	9		60	49	1	11			10	1													214
TOTALS...	1	461	78	1	450	332	4	67	1	1	44	1	1												1442
Total number of persons under community care as at 31.12.68 ...		140	26		162	109	54	102		33	97		26	19	18	24									811

A = Under 16
B = Aged 16 and Under 65
C = Over 65

D = Aged 16 and
Under 60
E = Over 60

TABLE II—HOSTELS AND DAY CENTRES

Designation	Classification	Address	Total as at 1.1.68	ADMISSIONS												Total
				MENTALLY ILL		SUBNORMAL		SEVERELY SUBNORMAL		PSYCHOPATHIC						
				Under age 16	16 and over	Under age 16	16 and over	Under age 16	16 and over	Under age 16	16 and over	Under age 16	16 and over			
				M	F	M	F	M	F	M	F	M	F	M	F	
H.	M.I.	79 Stanford Avenue ...	-		18	3		2	1							24
H.	M.S.	83 Beaconsfield Villas ...	9													40
D.C.	M.I.	18 Preston Park Avenue...	131		17	17					22	16				34

Designation	Classification	Address	Total as at 1.1.68	DISCHARGES												Total	Total as at 31.12.68				
				MENTALLY ILL				SUBNORMAL				SEVERELY SUBNORMAL						PSYCHOPATHIC			
				Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over				Under age 16		16 and over	
				M	F	M	F	M	F	M	F	M	F	M	F			M	F		
H.	M.I.	79 Stanford Avenue ...	-			12	3			2	1							18	6		
H.	M.S.	83 Beaconsfield Villas ...	9															38	11		
D.C.	M.I.	18 Preston Park Avenue...	131			1								23	13				1	164	

H. = Hostel
D.C. = Day Centre

M.I. = Mental Illness
M.S. = Mental Subnormality

TABLE III—TRAINING CENTRES

Designation	Classification	Address	Total as at 1.1.68	ADMISSIONS												Total		
				MENTALLY ILL			SUBNORMAL			SEVERELY SUBNORMAL			PSYCHOPATHIC					
				Under age 16		16 and over	Under age 16		16 and over	Under age 16		16 and over	Under age 16		16 and over			
				M	F	M	F	M	F	M	F	M	F	M	F			
T.C.	M.S.	Downs View	...	99				4*	3*									16
I.T.C.	M.S.	New England House	...	47†			12					15	6					34†

Designation	Classification	Address	Total as at 1.1.68	DISCHARGES										Total as at 31.12.68
				MENTALLY ILL		SUBNORMAL		SEVERELY SUBNORMAL		PSYCHOPATHIC				
				Under age 16	16 and over	Under age 16	16 and over	Under age 16	16 and over	Under age 16	16 and over			
				M	F	M	F	M	F	M	F	M	F	
T.C.	M.S.	Downs View ...	99			3*	1*	2	1	M	F	M	F	11
I.T.C.	M.S. M.I.	New England House ...	47†		8			9	4					21
														60†

T.C. = Training Centre M.S. = Mental Subnormality
I.T.C. = Industrial Training Centre M.I. = Mental Illness

* These numbers do not include those children under the age of five admitted to the Nursery Unit for purposes of assessment.
† This number does not include one physically handicapped male.

TABLE IV
Mentally Disordered persons receiving financial supplementation in the community

	As at 1.1.68	ADMISSIONS										DISCHARGES										As at 31.12.68			
		MENTALLY ILL					SUBNORMAL					MENTALLY ILL					SUBNORMAL								
		Male			Female		Male			Female		Male			Female		Male			Female					
		A	B	C	A	D	E	A	B	C	A	D	E	A	B	C	A	D	E	A	B		C	D	E
Private Households ...	10				3									1											7
Registered Homes/Hostels ...	12	1			2	3													6		1				12
Registered Nursing Homes ...	-					9																			10
Other L.A. Hostels ...	1	1			1																1				2
Registered Ment. Nurs. Homes						4																			4

A = Under 16
 B = Aged 16 and Under 65
 C = Over 65

D = Aged 16 and Under 60
 E = Over 60

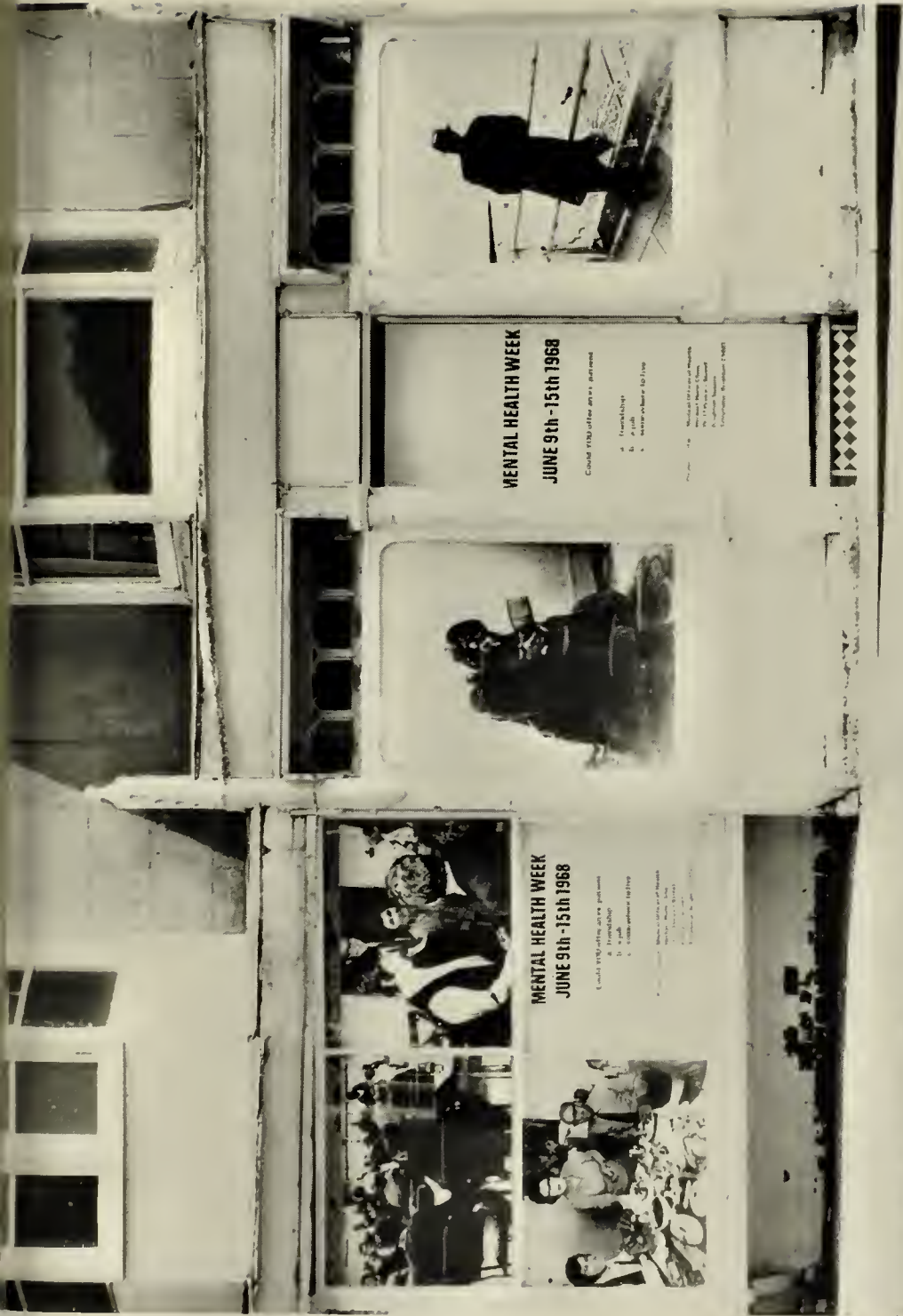
Photographs following this page

HEALTH EDUCATION

- (i) Mental Health Week
- (ii) "Don't drink and drive!"

NEW DAY NURSERY AND CHILD HEALTH CENTRE, MORLEY STREET

- (i) Day Nursery
- (ii) Health Centre





THE PARTY'S OVER
DON'T DRINK AND DRIVE!
DON'T DRINK AND DRIVE!





BRIGHTON PUBLIC MORTUARY

Mr. H. G. Garrett retired as Chief Officer of the Cemeteries and Crematorium Department in October having served the Council for 32 years in this capacity. Mr. D. A. Smale has been appointed to succeed Mr. Garrett as Superintendent and Registrar and in this capacity is responsible for the day to day administration of the Mortuary.

There were 387 admissions to the Municipal Mortuary and 351 post-mortem examinations were carried out.

CREMATIONS AT MUNICIPAL CREMATORIUM

1,188 cremations were carried out at the Municipal Crematorium at Woodvale, Lewes Road, during the year compared with 2,034 in 1967. Following the opening of the Municipal Crematorium at Worthing there has been a reduction in the number of cremations carried out at the Brighton crematoria. Before the opening of the Worthing Crematorium, the nearest Crematorium west of Brighton was at Porchester.

JOINT ADVISORY COUNCIL FOR OCCUPATIONAL HEALTH

During 1968 seven meetings were held. The membership averaged 22.

The topic for the year which was studied by all Councils was "The Scope and Functions of an Occupational Health Service".

This subject appeared to be of interest to other authorities as requests to attend meetings were received. In order to meet these obligations and continue with its own investigations the Brighton Joint Advisory Council arranged a public meeting. Dr. J. C. Graham, Principal Medical Officer of H. J. Heinz & Co. Ltd., gave an address. He spoke on many aspects of an occupational health service including physical and psycho-social environments, the contribution of the medical profession in ergonomics, screening programmes, treatment and control of disease, the protection of both the worker and the consumer, and of the advantages of liaison with all other medical and social services. Problems raised by the audience were considered and representatives from various organisations in Sussex took part in the discussion.

Three delegates from Brighton attended the Annual Conference at B.M.A. House, London. The other Councils sending delegates covered the relatively rural to the highly industrial areas. Government departments and other influential bodies sent observers.

There is continued interest by the Council in its collaboration with the Brighton Corporation in connection with the implementation of the Mental Health Act 1959, and at the request of the Chairman, the Chief Mental Health Officer gave a report on the work of "Downs View" and "New England House" Training Centres.

During the second half of 1968 preparations were going ahead for the study of the topic chosen for 1969 "The Problems of Certification for Absence from Work" and three lectures were arranged.

SEWERAGE AND SEWAGE DISPOSAL

The town is on main drainage with disposal to a sea outfall on the coast outside the Borough boundary.

The services provided and the method of disposal are adequate and are not a risk to health.

WATER

I am obliged to Mr. J. R. Fairbank, A.M.I.C.E., M.I.W.E., F.G.S., M.B.I.M.I. Engineer and Manager, for the following details of the Brighton Waterworks Undertaking.

1. The water supply of the area has been satisfactory in quantity and quality.

2. Bacteriological examination of raw waters were made at weekly interval in the Department's Laboratory except in certain instances where bacteriological pollution was found to be present in a raw water when samples were examined daily. The treated waters at all stations have been examined on a daily basis. The total number of raw and treated water samples from each of the pumping stations together with a summary of the bacteriological results obtained is given below:

	Number of Samples examined	No. showing presence of Coliform Organisms in 100 ml.	No. showing E.Coli present in 100 ml.	No. showing Coliform Organisms absent from 100 ml.
<i>Raw waters ...</i>	467	128	92	339
<i>Treated waters</i>	3227	7	1	3220
	<u>3694</u>	<u>135</u>	<u>93</u>	<u>3559</u>

Colony counts at 22°C. after three days and 37°C. after one day's incubation on nutrient agar were generally low in number except in two instances where pollution of the raw waters caused such counts to increase. Seven samples of treated water out of a total of 3,227 examined showed the presence of coliform organisms in low numbers. Four of these samples were obtained from Falmer Pumping Station and were a direct result of faulty sampling technique and the remaining three were obtained from Southover Pumping Station where again faulty sampling technique was thought to be a cause of the low pollution in the samples in view of the fact that the presence of chloramine could be demonstrated on each occasion.

It was necessary to increase the frequency of sampling of the raw water to one sample per day at Mile Oak Pumping Station between 2nd July and 27th August 1968 as a result of pollution brought about, it is thought, by exceptionally heavy rainfall during the last week of June. A similar exercise in daily sampling had to be carried out at Lewes Road Pumping Station between 30th April and 18th June 1968 as a direct result of a blocked sewer on the Hollingdean Estate. The co-operation of the Brighton Borough Surveyor's Department was instrumental in bringing to an end the overflow of polluting material into the chalk at the earliest possible moment. Abbreviated chemical examinations were carried out at weekly intervals throughout the year on all raw waters and a general chemical and mineral examination has been made on six samples of each of the Department's sources. Copies of the reports on these examinations made on all raw waters in October 1968 are as follows:

Chemical analysis (expressed in mgm per litre)

	Date taken	pH	Alkalinity (CaCO ₃)	Chlorides (CL)	Ammoniacal Nitrogen (N)	Albuminoid Nitrogen (N)	Oxidised Nitrogen (N)	Oxygen Absorbed (3 hrs. at 27°C)	Temp. Hardness (CaCO ₃)	Perm. Hardness (CaCO ₃)	Total Hardness (CaCO ₃)	Fluoride (F)
Patcham...	9-10-68	7.4	170	22.3	Nil	0.010	5.1	0.06	170	48	218	<0.1
Mile Oak...	1-10-68	7.5	178	26.8	Nil	0.018	5.8	0.08	178	40	218	<0.1
Goldstone	24-10-68	7.3	202	32.0	Nil	0.028	6.4	0.14	202	58	260	<0.1
Lewes Road	1-10-68	7.4	169	35.4	Nil	0.030	6.8	0.14	169	71	240	<0.1
Salsdean...	1-10-68	7.4	183	38.0	Nil	0.026	6.35	0.12	183	47	230	<0.1
Palmer ...	1-10-68	7.4	204	30.2	Nil	0.018	6.3	0.08	204	52	256	<0.1
Udington	24.10.68	7.3	212	35.6	Nil	0.042	7.0	0.20	212	72	284	<0.1
Sompting	9-10-68	7.4	187	27.0	Nil	0.010	4.0	0.08	187	51	238	<0.1

Bacteriological examinations together with chloramine determinations have also been made on 856 samples of water from service reservoirs. Of this total thirteen samples showed the presence of coliform organisms in low numbers. In connection with these samples taken from service reservoirs and also those of treated waters taken at pumping stations which occasionally show the presence of coliform organisms, an investigation is in progress which is designed to determine whether using bottles with a different type of stopper will decrease the number of false positive results which are being obtained.

A total number of 10,027 samples were examined in the Department's Laboratory during the year. Of these, 3,655 samples were submitted from the Worthing Water Department.

3. Since all water is obtained from chalk, there is little likelihood of any plumbo-solvent action and no evidence of such action is apparent.

4. Chlorination with post ammoniation of all raw waters is practised continuously with the exception of the pumping stations at Patcham, Mile Oak, Sompting and Lewes Road where super and dechlorination is utilized before the addition of ammonia to form chloramine in the final treated water.

In the event of any raw water showing evidence of bacterial pollution sampling is increased to daily intervals and a survey of the catchment area is made in an effort to locate the cause of such pollution. In addition, if it is considered necessary, appropriate adjustment is made of those gas dosages used in the sterilisation process.

The number of the population supplied from public water mains direct to houses is as follows:

	Estimated Population 1968	Houses Supplied Direct
Brighton C.B.	164,680	54,675
Hove M.B.	71,480	26,166
Lewes M.B.	14,160	5,179
Portslade-by-Sea U.D.	18,350	5,967
Southwick U.D.	11,510	4,128
Shoreham-by-Sea U.D.	17,950	6,089
Lancing Parish, Worthing U.D.	15,710	5,958
Pyecombe Parish, Cuckfield R.D.	280	57
Parishes in Chailey R.D.	6,210	2,076
	<u>320,330</u>	<u>110,295</u>

ENVIRONMENTAL HEALTH

Chief Public Health Inspector 1st January - 31st March 1968: Mr. R. S. Cross
 Chief Public Health Inspector 1st April - 31st December 1968: Mr. H. G. Gibson.

In presenting this Annual Report I feel that it is symbolic that for the first three months of the year the Chief Inspector's post was held by Mr. R. S. Cross and that the pattern of work for the remainder of the year was therefore set by him.

Those of us who have worked closely with him over the years know just how great and lasting an influence he has exercised in the Department by his single minded approach to his duties. It is seldom that one meets a man to whom his work is at once his greatest interest, his hobby and almost his religion. His staff the scores of students for whose training he has been responsible and his professional colleagues throughout the country have appreciated and profited from his unflagging interest, wide knowledge and dedication to the cause of public health. I am sure that I speak for all of them when I say "Thank You" and wish a long and happy retirement to "Cross of Brighton".

The staff shortages which existed in the early part of the year, and seem to be a permanent feature in the Public Health Inspectors' Section of many of the larger Authorities made some re-organisation and re-allocation of duties essential. The Student Inspectors in their final year played a very valuable part in this exercise and two of them, Messrs. G. Sharp and P. Woolmer, passed their final, qualifying examinations. They worked hard and deserved their success. Mr. O. T. Roberts, who joined the Department on return from New Zealand, was successful in obtaining his Certificate as Inspector of Meat and Foods at the first attempt.

The main points of interest on the Environmental Health side are mentioned in the body of the report by the Inspectors particularly concerned with the specialised sections.

Mr. L. H. Whanslaw, who deals so efficiently with a wide spectrum of duties (whose only common factor is the trouble which they create), once again draws attention to the difficulties arising from the disposal of incontinent pads from Old Persons' Homes. To this increasing load is added the still heavier one of pads, soiled dressings and other unpleasant but inevitable by-products associated with the chronic sick nursed at home. This type of material poses a problem which has grown so rapidly that, from a few collections some ten years ago by Cleansing Centre staff to "help out in an emergency", it now demands the full-time services of one man and a vehicle for five days weekly. The service is reaching the limit of its capacity and if the demand for it continues unabated additional staff, transport and equipment may be necessary.

It is simple enough to mention "additional staff" but whether men prepared to cope with such a thoroughly unappetising task will be obtainable at the wages offered is doubtful.

Reference is made in the report to the making of an Order exempting a great many shops in the central, western and northern areas of the Borough from early closing day provisions. This, in every day language, means that six-day trading is extending gradually throughout the town. To my mind anything which frees the shopkeeper from the restrictions of legislation as complicated and frustrating as the Shops Acts is a step forward, always provided that the shop staffs do not suffer. In modern times, with full-employment, the working conditions of "Kipps" are over and done with.

It is to be hoped too, that the promised rationalisation of the Sunday Trading position will not be much longer delayed. It is not easy to administer legislation under which a man is allowed to open his shop and, provided that the prescribed notices are displayed, sell certain goods from one counter, but makes it an

licence to sell other items from a table less than a yard away. There may be some Victorian canon of decency which requires that the unsaleable merchandise shall be discreetly veiled under brown paper, but I think it is high time that such wrappings were removed and a wind of change allowed to blow away the cobwebs which have festooned Sunday Trading legislation since the Fairs and Markets Act of 1448.

When I took over my new duties I was involved, as the result of a paper which I had given at a Public Health Inspectors' Weekend School, in a considerable amount of publicity on the subject of holiday accommodation. Holiday flats and flatlets are becoming more and more popular, and consequently more numerous, in a great many seaside resorts. I pointed out that, apart from odd sections of various Acts which could be applied when such premises came to our notice, there was no really adequate workable provision to ensure that they were large enough, had sufficient toilet, washing or cooking facilities and were properly managed and equipped.

The smoke and dust of battle rose round these comments but I am glad to report that, when the air had cleared, the British Travel Association and the British Resorts Association formed an ad-hoc committee to draft sets of minimum standards, on a national basis, for holiday flats and flatlets. The drafts are now well under way. Having been involved on the Committee as representative of the Association of Public Health Inspectors, I can pay tribute to the enthusiasm and interest which the members of the British Travel Association and British Resorts Association brought to the discussions and to the importance which they, like health officers attach to the problem of ensuring that adequate standards are adopted and maintained for holiday accommodation.

It is a common practice, in annual reports, to express formal thanks to many organisations and people with whom the writer has to deal throughout the year.

I would like to say, at once, that my thanks are not in any way formal, but are completely sincere. My first year of office has been made much less difficult by the support which I have had from every member of the Public Health Inspectors' Section and from the Administrative Staff on whom we depend so much. Mr. Mandle, who was appointed to my old post as Deputy, has already made himself a most welcome and valued member of a team to whose senior members, Mr. Martin (Senior Housing Inspector), Mr. Holmes (Food and Drugs), Mr. Scotow (Meat Inspector) and Mr. Whanslaw (Special Duties), I am especially indebted. It is impossible to deal with the complexities of modern public health administration without a great deal of delegation and I have been fortunate in having the loyal and unflagging support of an extremely efficient team.

The Section's work has also been eased by the excellent relationships and co-operation existing between it and other Departments of the Corporation.

I am particularly glad to have the opportunity to express my gratitude and that of all my staff to Mr. T. E. Rymer, the Public Analyst. Mr. Rymer is truly a "backroom boy" who does not often come into the public eye, but those of us responsible for the control of food and drugs realise how much dependence we place upon the work of his laboratory and his encyclopaedic knowledge. His advice and help are always ready, and his part in working towards improvement in the quality and hygienic condition of all types of food deserves much greater appreciation than I can express in a few lines.

HOUSING

Mr. G. V. MARTIN, Senior Housing Inspector, reports:

Demolition in Clearance Areas

85 unfit houses in clearance areas and 14 houses in an Unfitness Order were demolished. 269 people in 112 families were re-housed from clearance areas.

The revised statement of unfit houses requiring demolition submitted to the Minister in 1964 showed that 867 unfit houses remained. Since the statement was made 433 houses have been demolished or closed in lieu of demolition so that at the end of the year 434 unfit houses remained, and of these 174 have already been represented or certified as unfit.

No clearance areas were represented during 1968, but the following developments took place with regard to areas previously represented:

London Street, Kensington Street, Francis Street and Redcross Street

The London Street, Kensington Street, Francis Street and Redcross Street Compulsory Purchase Orders for which a public local inquiry had been held in 1967 were confirmed with the following modifications by the Minister of Housing and Local Government on 11th January:

London Street

One "pink" property declared fit.

Four "pink" and three "grey" properties excluded from Order.

Kensington Street

One "pink", one "pink hatched yellow" and two "grey" properties excluded from Order.

Redcross Street

One "grey" property excluded from Order.

Francis Street

Four "grey" properties excluded from Order.

In all, 193 properties had been included in the clearance areas of which 185 had been represented as unfit for human habitation.

Closing Orders and Demolition Orders

62 individual unfit houses and 32 parts of buildings were represented during the year, making a total of 94 representations; 24 of these referred to basement flats. Closing Orders were authorised for 60 houses and 23 parts of buildings, and one Undertaking not to use premises for human habitation was accepted. In four cases offers of work to render premises fit for human habitation were accepted, and three properties were offered for sale to the Corporation.

On 31st December there were 512 operative closing orders and undertakings applying to buildings in the Borough. Eight contraventions of closing orders were reported: all were dealt with informally.

26 closing orders were determined, the buildings or parts of buildings to which they referred having been made fit for human habitation.

10 houses belonging to the Council that had been certified as unfit for human habitation in accordance with the Housing Subsidies Act 1956, were demolished; this makes a total of 226 houses demolished since the Act came into force.

Repairs and Improvements

293 houses were made fit for human habitation as a result of formal notices under the Public Health and Housing Acts. 250 houses were made fit as a result of informal action.

There were 299 formal applications for Improvement Grants, of which 39 were for Standard Grants. Seven of the applications were rejected, principally on the grounds that the properties concerned would not provide housing accommodation for 15 years. In connection with Improvement Grant applications 285 final inspections were made to see that all defects had been remedied.

In addition to these inspections an annual re-inspection is made to ensure that the conditions of the grant are being complied with.

House-to-House Survey

During the year the house-to-house survey, begun in 1962 with the object of improving properties in the older parts of the town, was continued, but because of staff shortages new inspections have been curtailed and efforts have been concentrated on completing outstanding works.

Progress up to the end of the year has been as follows, the figures during 1968 being shown in brackets.

	<i>Owner occupied</i>	<i>Tenanted</i>	<i>Total</i>
No. of houses inspected	753 (90)	773 (85)	1526 (175)
No. of houses with no defects	186 (39)	57 (16)	243 (55)
No. of preliminary letters sent	567 (51)	716 (69)	1283 (120)
No. of houses where works have been completed... ..	467 (45)	366 (42)	833 (87)
No. of houses where works were in progress on 31.12.68	30	42	72
No. of improvement grants applied for	311 (40)	181 (28)	492 (68)
No. of Notices under Section 9, Housing Act 1957 authorised	Nil (Nil)	83 (22)	83 (22)
No. of houses represented as unfit and not capable at reasonable expense of being made fit	1 (1)	66 (29)	67 (30)

No Improvement Areas under the Housing Act 1964, have been declared. In view of the work involved in the house-to-house survey area, the existing arrangements for inspection are continuing unaltered for the time being.

Property Enquiries and House Acquisition

5,128 official Searches were answered by the clerk responsible for housing records. Property enquiries are frequently made other than by official Search, and it was necessary for 560 inspections to be made during the year, of which 405 arose from Local Land Charge Searches. A further 273 inspections were made as a result of applications for Corporation loans for house acquisition, the Town Clerk requiring a report on the possibility of action under the Housing Acts being taken against the property during the loan period.

Houses in Multiple Occupation

Complaints were received in respect of 33 buildings let in multiple occupation. All of these were investigated, and 31 owners were notified informally of the condition and lack of facilities prevailing at the time.

Six houses, and four parts of buildings were represented as unfit for human habitation, and Closing Orders were made in respect of three houses comprising 16 lettings. Action to secure Closing Orders was necessary owing to the extensive defects that could not be remedied at a reasonable expense.

In eight houses works are proceeding satisfactorily for the carrying out of repairs and improvements. Negotiations are proceeding in eight other cases for the carrying out of works. Works have been completed in seven houses.

A further 32 properties were inspected either as a result of requests from owners, or in connection with Planning applications, and advice was given regarding conversion into flats or the works necessary to comply with the standards relating to houses in multiple occupation.

DISTRICT INSPECTORS

The District Public Health Inspectors served 453 informal notices and 539 statutory notices under the provisions of the Public Health Act 1936 during the year.

In dealing with these cases 4,880 visits were made and 172 interviews took place with owners, builders etc.

Legal Action

Legal proceedings under the Public Health Act 1936 were taken on 188 occasions where notices calling for the abatement of nuisances or the carrying out of repairs had not been complied with.

The Court made Nuisance Orders in four cases and imposed fines amounting to £58.

In the other fourteen cases summonses were withdrawn where the necessary works had been carried out between the service of the summons and the hearing, or after an adjournment. Costs totalling £76 10s. were awarded to the Corporation in these cases. The costs are small recompense for the time of Public Health Inspectors, legal and administrative staff and of the Court, which is wasted by persons who make no effort to comply with notices, until the Court hearing and then come forward with a request for an adjournment to allow the necessary works to be done. In one such case a fine was imposed by the Bench and a time limit set, after which a daily penalty of £5 would be levied. It was not surprising to find the repairs completed ahead of schedule.

An appeal made under Section 290 of the Public Health Act against one notice was dismissed by the Court.

On two occasions where landlords failed to give information under Section 170 of the Housing Act 1957 as to ownership the Bench imposed fines of £2 and awarded costs to the Corporation.

Common Lodging Houses

There were at the end of the year, no premises in the Borough which were registered as Common Lodging Houses under Part IX of the Public Health Act 1936.

All District Inspectors and Housing Inspectors on routine duties look particularly for any such establishments, paying special attention to all houses in multiple occupation.

FACTORIES ACT, 1961*Prescribed Particulars on the Administration of the Factories Act, 1961***Part I of the Act**

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors):

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	98	15	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	718	165	13	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	14	—	—	—
Total	830	180	14	—

2. Cases in which defects were found:

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	3	1	2	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	1	—	—	—	—
(b) Unsuitable or defective	36	15	1	—	—
(c) Not separate for the sexes	—	—	—	—	—
Other offences against the Act (not includ- ing offences relating to Outwork)	—	—	—	—	—
Total	40	16	3	—	—

Part VIII of the Act

OUTWORK

(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel: Making etc. Cleaning and Washing	159	—	—	—	—	—
Household Furnishings	1	—	—	—	—	—
Bead Stringing	30	—	—	—	—	—
Artificial Dentures	1	—	—	—	—	—
Gold Wire Embroidery	6	—	—	—	—	—
Total	197	—	—	—	—	—

PET ANIMALS ACT 1951

ANIMAL BOARDING ESTABLISHMENTS ACT 1963

RIDING ESTABLISHMENTS ACT 1964

At the year end 12 Pet Shops, 4 Animals Boarding Establishments and Riding Stable in the Borough were licensed under the above mentioned Acts.

The premises are re-licensed annually and are visited regularly throughout the year by the Corporation's Veterinary Officer, Mr. J. S. J. Lauder, M.R.C.V.S., who checks the living conditions and state of health of all animals kept there.

Mr. Lauder is an ever-present help, particularly in times of trouble and the efficient administration of these Acts would be impossible, in practice, if we did not have his wide professional knowledge, sound judgment and enthusiastic approach to rely upon.

The Public Health Inspectors, individually and collectively, are sincerely grateful for his assistance.

RODENT AND PEST CONTROL

The following table sets out the number of visits and treatments for rat and mice infestations carried out by the Department's Rodent Operators.

		Non Agricultural	Agricultural
(1)	Number of properties in district ...	67429	75
(2) (a)	Total number of properties inspected following notification	975	—
(b)	Number infested by (i) Rats ...	133	—
	(ii) Mice ...	587	—
(3) (a)	Total number of properties inspected for rats and/or mice for reasons other than notification (Routine Survey) ...	1380	—
(b)	Number infested by (i) Rats ...	147	—
	(ii) Mice ...	793	—

Whilst Warfarin continues to be the main poison for rat control, alphachloro- is used against mice wherever the location is suitable, and during the year, fairly recently developed poison, coumatetralyl was also used against mice and proved to be very effective.

One of the Rodent Operators, Mr. S. Camp, was injured in August whilst carrying out a treatment, and sustained a broken leg which resulted in his being away from work for the remainder of the year. His long absence was a severe blow to a section where the staffing position has always been barely adequate.

The section also dealt with the usual complaints of premises infested by various types of insects, with bed bugs, fleas, cockroaches and spider beetles being most common.

During the summer, a considerable amount of spraying was carried out at Sheepcote Tip at the request of the company who were making the film "Oh What a Lovely War". The spraying kept down the fly population and also made life generally more pleasant for the film makers. Altogether 400 gallons of insecticide were used and 54 hours were worked, much of it on overtime. The whole cost was of course borne by the film company.

Our usual cordial relationship with the local officers of the Ministry of Agriculture, Fisheries and Food continued throughout the year and two of our Rodent Operators attended one of their one-day refresher courses during the year.

CLEANSING CENTRE

This has been another year of sustained effort by the staff of the Cleansing Centre. Apart from the work carried out within the County Borough of Brighton, there have been a number of occasions when both the disinfection and the baths and personal washing facilities have been used by other local authorities.

There has been a considerable increase in the number of soiled dressings collected during the year and it seems that this is an aspect of the work which will continue to increase.

The following table sets out the year's work in statistical form, but these bland figures do not adequately show the unpleasant tasks which these men are asked to perform, such as cleansing the person and clothing of someone who is heavily infested with fleas, or carrying a sack of soiled surgical dressings down three flights of stairs.

*Laundry Service**Collections*

(a) Care and After Care	...	...	...	...	3,469
(b) Within Department	...	...	...	...	312
					<hr/> 3,781 <hr/>

Articles Laundered

(a) Care and After Care	...	...	...	...	30,412
(b) Within Department	...	...	...	...	3,271
					<hr/> 33,683 <hr/>

Baths

					<i>Male</i>	<i>Female</i>
Geriatric	...	...	...	...	64	22
Scabies	...	...	...	...	28	3
Ped. Cap.	...	...	...	...	—	7
Ped. Corp.	...	...	...	...	38	5
Phth. Pub.	...	...	...	...	16	5
					<hr/> 146 <hr/>	<hr/> 42 <hr/>
						<hr/> 188 <hr/>

Miscellaneous Collections and Deliveries etc.

Domiciliary Confinements	...	...	...	...	90
Health Dept. Sections	...	...	...	...	306
Pads and Soiled Dressings	...	...	...	...	4,286
					<hr/> 4,682 <hr/>
Disinfections/Disinfestations	...	...	...	...	136
Welfare Food Distributions	...	...	...	...	500 hours

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

The number of general inspections carried out during the year was disappointingly low and this was due mainly to staffing problems.

In food premises, the Act is enforced by the Food Hygiene Section, and in this section which consists of five Inspectors there were four changes during the year.

The Act is enforced in other premises by Inspectors who also have duties under the Shops Act 1950 and it was rather unfortunate that during 1968 two applications were received from traders' organisations in different parts of the town requesting exemption from half-day closing. These applications resulted in a great deal of work before the Orders were finally made.

Some reorganisation is taking place within the Public Health Inspectors' section and this should enable more staff to be employed on office and shop inspections during 1969.

It will be seen from the summary that a variety of defects were found in the premises which were inspected, but none is worthy of special comment.

A total of 64 accidents was notified during the year, but most of these seemed to be due to human error rather than any defects in the premises.

Details of the work carried out in 1968 are as follows:

Number of Inspectors appointed under Section 52 (1) or (5) of the Act	13
Number of other staff employed for most of their time on work in connection with the Act	1
Number of cancellations of registrations during the year	46
Number of premises registered during the year... ..	100
Total number of premises registered at 31/12/68	3405
Number of general inspections carried out	295
Total number of visits	1413
Number of notices of defects served	157
Number of premises where defects were remedied	156
Number of notices outstanding at 31/12/68	115

Notices were served under the following defects:

Want of cleanliness in sanitary accommodation	15
Defective lighting in sanitary accommodation	11
Defective ventilation in sanitary accommodation	8
Defective or obsolete sanitary accommodation	22
Insufficient sanitary accommodation	2
Want of cleanliness in washing facilities... ..	8
Defective lighting in washing facilities	2
Defective ventilation in washing facilities	1
Defective or obsolete washing facilities	22
Insufficient washing facilities	3
No provision for accommodation for clothing	6
Insufficient accommodation for clothing... ..	1
No provision for drying of clothing	2
Insufficient means of heating provided	4
No means of heating provided	1
No temperature thermometers provided... ..	47
Insufficient guards to heating	4
Insufficient means of lighting	27
Defective lighting	5
No means of lighting	1
Excessive glare from lighting	9
Insufficient means of ventilation	6
No means of ventilation	1
Insufficient guards to dangerous machines	10
Defective dangerous machines	1
No first-aid kits provided	29
Insufficient first-aid kits provided	39
General want of cleanliness	13
Notices in respect of health and safety	3
Defective floors and staircases	35
No provision of, or defective handrails	29
No abstract of Act provided	83
TOTAL	450

TABLE A

Registrations and General Inspections:

Class of premises (1)	No. of premises registered during the year (2)	Total No. of registered premises at end of year (3)	No. of registered premises receiving a general inspection during the year (4)
Offices	33	1318	51
Retail shops ...	45	1618	123
Wholesale shops, warehouses	5	188	13
Catering establish- ments open to the public, canteens etc. ...	17	269	108
Fuel storage depots	—	12	—
Totals	100	3405	295

TABLE B

Number of visits of all kinds by Inspectors to Registered Premises

1413

TABLE C

Analysis of Persons Employed in Registered Premises by Workplace:

Class of workplace (1)	Number of persons employed (2)
Offices	11702
Retail shops	9245
Wholesale departments, warehouses	1826
Catering establishments open to the public	3166
Canteens	199
Fuel storage depots	47
Total	26185
Total males	11611
Total females	14574

Accidents reported:

Work Place	Number reported	Total Number investigated	ACTION TAKEN			No action taken
			Prosecutions	Formal warning	In-formal advice	
Offices	9	5	—	—	2	7
Retail Shops... ..	47	15	—	—	7	40
Wholesale shops and ware-houses	1	—	—	—	—	1
Catering establishments open to Public, Canteens, etc.	7	1	—	—	1	6
Fuel Storage Depots ...	—	—	—	—	—	—
Totals	64	21	—	—	10	54

Analysis of reported accidents:

	Offices	Retail Shops	Wholesale shops and ware-houses	Catering establishments open to Public, Canteens, etc.	Fuel storage Depots
Machinery	—	5	—	—	—
Transport	—	—	—	—	—
Falls of Persons	2	18	—	4	—
Stepping on or striking against object or person	4	2	—	—	—
Handling goods	1	10	—	2	—
Struck by falling object ...	2	3	1	—	—
Fire and explosion... ..	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools	—	5	—	—	—
Not otherwise specified ...	—	4	—	1	—

SHOPS ACTS 1950/65

The Shops (Sunday Trading) Bill, which was referred to in the last Annual Report, had its third reading in the House of Lords but due to lack of parliamentary time in the House of Commons it could not be introduced there. Possibly time will be made for a new Bill to be introduced in the very near future.

In January an application was received from builders' merchants, hardware dealers, domestic machine and electrical goods dealers in the St. James' Street area for an exemption from closing at 1.0 p.m. on one weekday in every week. A majority vote was obtained and the Order became operative on the 1st April.

In May a further application was received requesting exemption from the Early Closing Day for shops situated in the central and western part of Brighton including the London Road, Lewes Road and Dyke Road areas northwards to the Borough Boundary. 679 shops were affected. The Order was made for all shops in the area other than grocers and provision merchants, office equipment and retail services where the majority vote was not received. Much detailed work arose out of the petition including 653 visits in respect of the preparation of the register.

2,325 routine inspections were made by the Shops Inspectors during the year, which resulted in 268 notices being served on the occupiers in respect of the display of notices required under the Shops Acts, 1950/65. 193 notices were complied with by the end of the year.

Forty-five premises received visits between 10.0 p.m. and 12.30 a.m. to ascertain whether young persons were employed after the permitted hours specified in the Shops Act 1950. At the time of the visits no young persons were found to be employed outside the prescribed hours.

Section 53, Shops Act 1950

A Statutory Declaration was received from two persons of the Jewish faith having a conscientious objection to carrying on trade or business on the Jewish Sabbath. The premises were visited and met with the requirements of Section 53 and the applicants' names were placed in the Jewish Register in accordance with the provisions of the Act.

Exhibitions

A Local Authority has power to substitute for the General Closing Hour (8.0 p.m. weekdays, 9.0 p.m. Saturday), a later hour (not being later than 10.0 p.m.) in respect of any trade or business being carried on at any Exhibition provided that such trade or business is *subsidiary* or *ancillary* to the main purpose of the Exhibition.

Five such applications were received requesting the extension of the General Closing Hours to 10.0 p.m. All were granted.

However, on two occasions exhibitions were publicized in the local newspaper where the stated closing hours were later than the permitted time and where no application had been received by the local authority for suspension of the General Closing Hours. Visits were made to the organisers and it was found that in each case retail trade was the main purpose of the exhibition. The organisers were advised that any retail trade or business should cease at 8.0 p.m. and visits were made to ensure that no contravention of the Act took place.

Christmas Exemption

An order was made suspending the obligation to close shops on the early closing day during the month of December.

complaints

42 complaints were investigated, half of which concerned employment of aff.

advice

74 interviews and visits were made by the Shops Inspectors to give advice on the Shops Acts.

432 visits were made in connection with the ice cream and milk registrations.

Number of routine inspections of shops	2325
Number of visits and interviews to give advice on the Shops Act ...	74
Visits in respect of complaints received	42
Number of shops visited on late night duties	45
Number of shops visited in connection with Early Closing Exemption Orders	701
Number of visits in connection with Milk and Ice Cream Registration	432
Number of notices served	268
Visits in respect of notices served... ..	530
Number of notices complied with... ..	193

Analysis of Shops Register

<i>Wearing Apparel</i> , including Ladies', Gents' and Children's Outfitters, Boots and Shoes, Embroidery and Wool, Rainwear	366
<i>Furniture and Household Goods</i> , including New and Secondhand Furniture, Antiques, Carpets and Linoleum, Drapers, China and Glass, Picture Frames	310
<i>Food and Drink</i> , including Grocers, Cooked Meats, Greengrocers, Provision Merchants, Bakers, Fishmongers, Poulterers, Restaurants, Cafes, Snack Bars, Coffee Bars, Licensed Premises, Sugar Confectioners, Ice Cream, Butchers	1612
<i>Jewellers and Silversmiths</i>	50
<i>Books, Stationers, etc.</i> , including Books, Stationery, Newsagents, Postcards, Greeting Cards, Tobacconists, Philatelists, Libraries	173
<i>Medicines etc.</i> , including Chemists, Drug Stores, Cosmeticians, Perfumery, Toilet Goods, Medical and Surgical Appliances	83
<i>Motor Cars</i> , including Showrooms, Motor Cycle Dealers, Caravans, and Aircraft Parts & Accessories	143
<i>Photographic</i> , including Photographers, Photographic Requisites, Projection Machines, Tape Recorders etc.	20
<i>Electrical Goods</i> , including Domestic Machines, Wireless and Television, Records and Record Players, Musical Instruments	122
<i>Sports Goods</i>	17
<i>Building Materials</i> , including Builders' Merchants, Oil and Colour Merchants, Decorators, Wallpaper, Timber Merchants, Plastic Dealers, Ironmongers, Tools and Hardware	118
<i>Horticulture</i> , including Florists, Seedsmen, Animal Feeding Stuffs, Grain and Fodder Merchants, Pet Animals	51
<i>Office Equipment</i>	12
<i>Fancy Goods</i> , including Toys, Souvenirs, Costume Jewellery, Plastic Decorations	104
<i>Retail Services</i> , including Hairdressers, Coal Order Offices, Laundry Receiving Offices, Opticians, Funeral Undertakers	404
<i>Departmental Stores</i>	14
<i>Wholesalers</i>	114
TOTAL	3713
<i>Unoccupied Shops</i>	218
	3931

FOOD AND DRUGS

Mr. J. HOLMES, Senior Food and Drugs Inspector, reports:

This section is responsible for the control of all premises where food is stored, prepared or sold, for obtaining compliance with Food Hygiene Regulations, the Offices, Shops and Railway Premises Act 1963, and also the additional requirements of the Brighton Corporation Act 1966 regarding coffee bars. The inspectors inspect food, take samples of food, drink, fertilisers and feeding stuffs, rag flock and filling materials, poisons, and also control swimming and paddling pools.

Although three of the food inspectors resigned, and for the last five months of the year there were only two full-time inspectors on the section, it was possible to maintain routine inspections of food premises in the main part of the town.

The continuing development of Churchill Square and the opening of new restaurants in other parts of the town, involved many meetings with owners, architects and specialist firms, and inspection of works in progress. Although some schemes were abandoned, the time spent on preliminary consultation is of great value in ensuring compliance with the many requirements of the Food Hygiene Regulations and the Offices, Shops and Railway Premises Act.

Sampling under the Food and Drugs Act 1955

466 samples of food, drinks and drugs were submitted to the Public Analysts for analysis and examination. 56 were found to contravene the Food and Drugs Act 1955, or Orders and Regulations made under the Act.

Contraventions were detected under:

- | | | | | | | |
|--|-----|-----|-----|-----|-----|----|
| (a) Labelling of Food Order 1953 | ... | ... | ... | ... | ... | 14 |
| (b) Colouring Matter in Food Regulations 1966 | ... | ... | ... | ... | ... | 1 |
| (c) Cheese Regulations 1965 | ... | ... | ... | ... | ... | 4 |
| (d) Butter Regulations 1966 | ... | ... | ... | ... | ... | 1 |
| (e) Meat Pie and Sausage Roll Regulations 1967 | ... | ... | ... | ... | ... | 2 |
| (f) Preservatives in Food Regulations 1962 | ... | ... | ... | ... | ... | 1 |
- (a) The manufacturers in each case amended the labels.
- (b) The remaining stocks (cake decorations) were removed from sale and destroyed.
- (c) In two cases there was a dispute regarding permitted ingredients in a cheese spread, affecting the whole of this trade, and this was taken up by the Ministry of Agriculture, Fisheries and Food.
- (d) The label of the imported butter was amended.
- (e) These regulations came into force on 31st May 1968. The manufacturer increased the meat content of the pies to comply with the regulations.
- (f) Notice declaring preservatives exhibited.

Prosecutions were taken in respect of the following foods:

	<i>Fine</i>	<i>Costs</i>
Steak and Kidney Pie, containing wire...	£50	£7 17 0
Apple dumpling, containing mouse excreta	£20	£4 14 0
Bread, containing a piece of metal	£25	£4 14 0
Bread, containing mouse excreta	£20	£6 0 0
Meat pie, mouldy	£25	£4 14 0
Sausage, containing a blow fly	£20	£4 14 0
Bread, containing rat excreta	£20	£4 16 0

In all other instances, the manufacturers or importers have rectified the matters complained of.

BACTERIOLOGICAL EXAMINATIONS

Milk Supplies

457 samples of milk were examined by the Public Health Laboratory Service, and the tabulated statement shows the results of these examinations:

Designation	Methylene Blue Test		Phosphatase Test		Turbidity Test	
	Pass	Fail	Pass	Fail	Pass	Fail
Pasteurized ...	251	4	255	—	—	—
Sterilized ...	—	—	—	—	95	—
Untreated ...	91	10	—	—	—	—
Cream ...	1	—	1	—	—	—
Ultra heat treated ...	5 samples taken were satisfactory					

92 samples examined for penicillin content—all satisfactory.

The methylene blue test is to check the keeping quality of milk, the phosphatase test to determine the efficiency of pasteurisation, and the turbidity test to ensure that sterilisation has been properly carried out.

The producers of the unsatisfactory samples were informed of the failure of the samples, and follow-up samples taken later were found to be satisfactory.

The following details are required by the Department of Health and Social Security:

Milk supplies—Brucella Abortus

1. Number of samples of raw milk examined ...	...	...	...	...	74
2. Number of positive samples found ...	...	...	...	...	Nil
3. Action taken ...	...	...	...	...	Nil

WATER SUPPLIES

Drinking Water

The whole of the area is supplied by the Brighton Waterworks Undertaking, and the Engineer and Manager of the Undertaking reports that the supply has been satisfactory in quantity and quality. In addition to the large number of routine bacteriological and chemical examinations carried out by the Water Department, 196 samples were taken by Public Health Inspectors and all were reported to be satisfactory.

Well Water

Well water is used at a hotel, a dairy, and for industrial purposes at some factories. 63 samples taken were all satisfactory.

Public Swimming Baths

61 samples were taken from Corporation swimming baths. Only three of these were below the recommended standard, and repeat samples were satisfactory.

School Swimming Baths

58 samples were taken from the sixteen swimming baths at schools and colleges. Of these, eight samples were unsatisfactory. They were from seven different schools and were probably taken after periods of extensive use of the baths. Repeat samples were all satisfactory.

Public Paddling Pools

39 samples were taken from the three public paddling pools in the Borough. Ten of these failed to reach the recommended standard of bacteriological purity, most showing evidence of gross contamination. These pools, so popular with young children, continue to be a public health problem. The pollution introduced by children running in and out of the water, from toys, dogs etc. would need so much chlorine to counteract it that complaints from its use in such quantities would be sure to arise because of its pungent smell and the resultant eye irritation which would occur. It is hoped that the proposed re-siting of one paddling pool in 1969 away from an adjacent sandpit will result in an improved standard of purity of the water.

FERTILISERS AND FEEDING STUFFS ACT 1926

16 samples were taken, 13 of which were satisfactory. One sample of fertiliser did not bear a statutory statement but as no substances mentioned in the Act were present, this was considered unnecessary.

One sample consisted of material of a vermiculite nature, but owing to the small amount of nutrients present, the Analyst was unable to say whether a by-product of animal metabolism was present. The attention of the retailer was drawn to this and stocks were withdrawn from sale.

A sample of pulverised organic manure was 20.3% deficient in organic matter and contained 16.8% of excess moisture. No figure was stated for potash although the presence of it was claimed, also the phosphoric acid was not stated to be insoluble. The statutory statement was not in the correct form. The supplier obtained the manure from a local authority, who sold this manure without a specific analysis, but on packing into bags the vendor applied a specific analysis. Following representations, supplies were withdrawn from sale.

RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951

One sample of curled feathers from a pillow was examined and found to be satisfactory as regards cleanliness.

PHARMACY AND POISONS ACTS 1941

One sample of domestic descaler and two samples of ammonia were examined and found to be satisfactory.

ICE CREAM AND ICE LOLLIES

Thirty-four samples of ice cream and seven ice lollies were obtained for bacteriological examination at the Public Health Laboratory. Two samples failed the test. Follow-up samples were reported to be satisfactory.

EDUCATION IN FOOD HYGIENE

Diploma Course

Two courses of lectures, each of 10 weeks' duration, were given at the Technical College, Hotel and Catering Section in connection with the Diploma Examination in Food Hygiene and Food Handling of the Royal Institute of Public Health and Hygiene. Thirty-nine members of the food and catering trades took the course, and thirty-one were successful in obtaining the diploma.

Nine lectures were given to members of the School Meals staff, the dairy

industry, and the staff of a multiple store. The Lecture Theatre of Church Street was again used for some of these lectures, by courtesy of the Entertainments Committee.

UNDERGROUND BAKEHOUSES

Underground bakehouses are required every five years, to have a certificate of suitability under the Factories Act 1961, Section 70, as regards construction, height, light, ventilation and other hygienic aspects. The three remaining underground bakehouses were reported to comply with these requirements and certificates issued for a further five years. Three bakehouses had closed down since the issue of the last certificates.

NOISE NUISANCE

Thirteen complaints of noise causing a nuisance to residents were investigated and in each case remedial action was taken to abate the nuisance. The nuisances were due to:

Music	...	...	...	...	...	...	...	6
Early morning bread deliveries	...	...	...	...	...	...	...	1
Ventilation fan	...	...	...	...	...	...	...	2
Defective motor in a ventilation system...	...	...	...	...	...	...	...	1
Refrigeration motor	...	...	...	...	...	...	...	1
Noisy customers	...	...	...	...	...	...	...	1
Bakery noise...	...	...	...	...	...	...	...	1

FOOD INSPECTION

Unsound food surrendered at markets and shops

		Tinned or bottled (units)			Other foodstuffs (pounds)		
		Meat Fish Poultry	Fruit Veg	Other items	Meat Fish Poultry	Fruit Veg	Other items
Abattoir	...	220	901	32	13916	—	663
Food and Drugs	...	790	2521	1953	8875	1644	1917
Totals	...	1010	3422	1985	22791	1644	2580

Food premises subject to the Food Hygiene (General) Regulations 1960

No. of premises		No. which comply with Regulation 16	No. to which Regulation 19 applies	No. which comply with Regulation 19
118	Butchers	118	118	118
18	Bakehouses	18	18	18
107	Retail bread and confectionery	107	107	107
368	Grocers	368	368	368
244	Greengrocers, fruiterers	244	244	244
770	Licensed hotels etc.	770	770	770
517	Restaurants, cafes, coffee bars	517	517	517
151	Public houses...	151	151	151
30	Nursing Homes etc.	30	30	30
47	Factory and store canteens	47	47	47
40	Educational catering...	40	40	40
72	Fishmongers and fryers	72	72	72
351	Sugar confectionery	351	351	351
4	Ice-cream manufacturers	4	4	4
631	Ice-cream retailers	631	631	631
3	Sausage factories	3	3	3
19	Supermarkets...	19	19	19

The Liquid Egg (Pasteurization) Regulations 1963

1.	Number of egg pasteurization plants in the district ...	None
2.	Number of samples of liquid egg submitted to the Alpha Amylase test ...	None

Poultry Inspection

1.	Number of poultry processing premises within the district ...	None
2.	Number of visits to these premises ...	None
3.	Total number of birds processed during the year ...	None
4.	Types of birds processed ...	None
5.	Percentage of birds rejected as unfit for human consumption	None
6.	Weights of poultry condemned as unfit for human consumption	None
7.	Comments on poultry processing and inspection ...	None

COMPLAINTS ABOUT FOOD

237 complaints were received about food, 13 more than last year.

Bread ...	43	Milk—fresh ...	18
Cakes and biscuits ...	23	canned... ..	2
Sandwiches ...	7	Ice Cream ...	3
Fish—frozen ...	2	Cheese... ..	3
fresh ...	3	Butter... ..	2
canned... ..	3	Bacon ...	6
Poultry ...	5	Sugar confectionery ...	4
Meat—fresh ...	8	Chocolate ...	3
canned ...	9	Preserves ...	4
cooked... ..	1	Tea ...	3
pies ...	14	Baby food ...	4
sausages ...	13	Soft drinks ...	3
Vegetables—fresh ...	2	Eggs ...	3
canned ...	1	Potato crisps ...	1
Fruit—fresh ...	7	Coffee ...	1
dried ...	2	Cooking oil ...	1
canned ...	2	Macaroni ...	1
juice ...	1	Russian salad... ..	1
pies ...	4	Christmas pudding ...	1
		Cafe and restaurant meals ...	23

All complaints were fully investigated, six were found to be unjustified and twenty-three were not confirmed. Four complaints that bread contained rat droppings were not confirmed, the foreign bodies were found to be skins of dried fruit or pieces of dough rolled so as to closely resemble droppings.

Eight allegations that certain foods had caused food poisoning were not confirmed.

In some cases, the complaints arose from faulty stock rotation and the retailers concerned were advised on a coding system; with special reference to such perishable foods as sausages and meat pies. Two complaints were received alleging that pieces of glass had been found in tinned salmon, but these were found to be crystals of magnesium ammonium phosphate, previously observed in salmon, tuna, crab and shrimp. The crystals are harmless and form during storage.

Seven prosecutions were taken, details are given in the paragraph on sampling, and warnings were given in the less serious cases.

BRIGHTON CORPORATION ACT 1966

This Act which requires the registration of coffee bars, clubs etc. remaining open for public refreshment after 11 p.m. and before 5 a.m., had been in force for one year on 1st March 1968, and applications for re-registration were considered. Forty-five premises were granted renewal. Fourteen restaurants

which were originally registered as coffee bars and where increased sanitary accommodation had been required and provided, were granted Justices' licences to serve liquor and were thus exempted from registration as coffee bars. The majority of the coffee bars had been maintained in good order and condition throughout the year. Forty-six visits were made after 10 p.m. and there were no contraventions.

PUBLIC ABATTOIR

Mr. R. L. SCOTOW, Senior Meat Inspector, reports:

Tuberculosis

25 Tuberculosis Reactors were slaughtered during the year compared with 44 in the previous year. 13 of these came from a herd which as reported last year had suffered a "Tuberculosis Breakdown". These completed a total of 43 cows removed from this milk herd during late 1967 and early 1968. It was a relief when post-mortem examinations no longer revealed tubercular lesions thus showing that the infection had been eliminated.

Post-mortem examination of all the Tuberculosis Reactors showed visible lesions of Tuberculosis in only eight cattle.

Four cattle subjected to routine meat inspection revealed lesions suggestive of Tuberculosis. On each occasion, the local Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food was informed so that further veterinary inspection of the herd might be made. One such investigation produced four Tuberculosis Reactors of which one animal contained visible lesions of Tuberculosis. Whilst this same herd was still under surveillance one further animal with visible lesions of Tuberculosis was discovered in 11 cattle sent under special licence for slaughter.

Fascioliasis

The following table shows that this year whilst the total rejection rate for whole bovine livers remained the same the fascioliasis (liver-fluke) incidence rose by 6%. This increase is probably the result of the high rainfall, experienced during the earlier months of the year, providing optimum conditions for an increase in the numbers of the mud snail which is the intermediate host of the liver-fluke. It is quite likely that the higher fascioliasis incidence will continue well into the coming year.

Rejection Rates of Bovine Livers

Year	Throughput	Whole Livers					Part Livers Fascioliasis	
		Total affected	%	Cause	No.	%	Total affected	%
1968	8793	2795	32	Fascioliasis	1845	21	2506	28
				Abscesses ...	656	8		
				Other causes	304	3		
1967	12072	3916	32	Fascioliasis	2354	19	2876	24
				Abscesses ...	1229	10		
				Other causes	333	3		

Neoplasms

This year saw a reduction in the number of neoplasms found and from five specimens sent for investigation only one proved negative. The results are summarised in the following table.

Neoplasms

Primary Division	Provisional Classification	Cattle	Pigs
Benign	Liver cell adenoma	—	1
	Granulosa cell tumour	1	—
Malignant	Medullary carcinoma	1	—
	Pleomorphic sarcoma	1	—
Negative	Hyperplastic liver cells	—	1

Casualty Slaughtered Animals

Number slaughtered	Totally Rejected	Carcases of which some part or organ was rejected	Passed Unconditionally
Cattle ... 39	13	12	14
Calves ... 6	1	2	3
Sheep ... 8	3	—	5
Pigs ... 50	23	15	12
TOTAL ... 103	40	29	34

Brucellosis (Accredited Herds) Scheme

Early this year results of the first stage of the scheme for eradication of Brucellosis from cattle appeared in the slaughterhouse. Herds passing all preliminary tests were being registered as "supervised" by the Ministry of Agriculture, Fisheries and Food and any reactors found at the final test sent for slaughter and compensation paid. Reactors are not necessarily suffering from active Brucellosis and potential foci of infection such as the uterus and udders are automatically rejected for food.

During the year 18 Brucellosis Reactors were sent into the Public Abattoir. It is interesting to record that the very first Reactor received was totally rejected for Abnormal Odour.

Unusual Occurrence

A gilt pig was sent as a casualty into the Public Abattoir on the advice of the attending veterinary surgeon who requested a post-mortem report on the contents of an inguinal hernia.

In this condition it is usual to find a loop of intestine occupying the hernial sac. Instead, the dressing out of the carcase revealed that one horn of a gravid uterus was suspended within the sac. Examination of the uterine contents showed 12 pig embryos of which eight had been viable at the time of slaughter. The remaining four, found within the incarcerated horn, had died at varying stages of embryonic development.

The presence of the uterus in an inguinal hernia may be common in the bitch but it is exceedingly rare in the pig.

DISEASES OF ANIMALS ACT*Swine Fever Order of 1963*

Since the coming into force of the above Order no case of Swine Fever has occurred within the County Borough. The success of a "Slaughter Policy" for

wine Fever is shown by the fact that no case of Swine Fever has occurred in his country for more than two years. However this success must not give rise to complacency and the symptoms and lesions of Swine Fever should continue to be borne in mind when pigs are inspected.

Foot and Mouth Disease (Infected and Controlled Areas) Orders of 1938

The inclusion of the County Borough in a Controlled Area from the 18th November 1967 continued until the 7th February of this year. During this period over 1,190 Movement Licences were issued. Although animals were received into the Public Abattoir from farms near to the Infected Areas on no occasion was there any cause to suspect Foot and Mouth Disease.

Anthrax Order of 1938

At the local knacker's yard, whilst boning out a cow carcase, the knackerman found lesions suggestive of Anthrax. The knacker's yard was declared to be an infected Place, the carcase, offal and hide were cremated and the premises disinfected. Anthrax was not confirmed by the Ministry of Agriculture, Fisheries and Food.

Slaughter of Animals Act 1958

On the 31st December 1968, twelve persons were in possession of slaughtering licences issued by the County Borough.

Slaughter of Animals (Prevention of Cruelty) Regulations 1958

The annual return made by the occupiers of the local knacker's yard showed that no horse had been slaughtered on the premises and that 14 horse carcases had been received there during the year.

ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR

Carcases and Offal Inspected and Rejected in Whole or Part

	Cattle	Calves	Sheep	Pigs
Killed	8793	1104	20679	14188
Inspected	8793	1104	20679	14188
<i>All diseases except Tuberculosis and Cysticerci:</i>				
Whole carcase condemned	21	3	31	116
Carcases of which some part or organ was condemned	5738	22	3880	4491
Percentage of the number infected with disease other than Tuberculosis and Cysticerci	65.49	2.26	18.91	32.47
<i>Tuberculosis only:</i>				
Whole carcase condemned	—	—	—	—
Carcases of which some part or organ was condemned	11	—	—	41
Percentage of number inspected infected with Tuberculosis	0.13	—	—	0.29
<i>Cysticercosis only:</i>				
Carcases of which some part or organ was condemned	9			
Carcases submitted to treatment by refrigeration	9			
Percentage of the number inspected infected with Cysticerci	0.10			

Mr. L. H. Whanslaw, Senior P.H.I. (Special Duties and Air Pollution), has submitted the following particulars of the varied work which he has carried out during the year:

Examination of Plans

During the year 2,516 applications for building regulation approval and planning permission were received.

All plans submitted were examined by a Public Health Inspector. It was found necessary to comment on 270 applications and negotiations took place in each case, with architects, engineers and developers.

With the increase in the amount of legislation coming into force during recent years the examination of plans submitted for approval becomes more and more complex and the resultant negotiations with architects and other professional people increasingly difficult. This is particularly so where recent legislation appears to conflict with earlier statutes and by complying with the requirements of one department it is found that the proposed scheme does not comply with conditions laid down by legislation administered by other departments.

It speaks well of relations between the Council's Officers and private architects that in the majority of cases these problems are resolved without friction. It must be increasingly difficult, in view of the amount of legislation in force, for architects to complete development schemes to the satisfaction of both their clients and the various departments of the local authority.

Loss of Residential Accommodation

44 applications were investigated, which involved a change of use of the property including, as part of the application, loss of residential accommodation. In 24 cases it was found that the residential accommodation was, in its present state, unfit for human habitation, or the premises consisted of badly arranged accommodation.

Old Persons' Homes

A survey of the Corporation-controlled Old Persons' Homes was completed during 1968. The standard of accommodation at all the homes was very good and it was only found necessary to give attention to a few minor defects. One problem that does arise in these homes is the question of suitable disposal of incontinent pads. Often the smaller type of incinerator is unable to cope and the alternative has been to burn them in the garden incinerator, giving rise, on occasion, to complaints of smell from neighbouring occupiers. This matter has been under consideration for some time and it is likely that the provision of a large incinerator at Sheepcote Valley linked with some form of collection service may be the answer.

Nursing Homes

It was not found possible during the year to visit all the registered nursing homes in the area. No new homes were registered during the year.

Day Nurseries and Play Groups

Routine inspections were made to both registered and unregistered play groups in the County Borough. It was mentioned in the Annual Report of 1967 that legislation was then before Parliament which would assist local authorities in their control over daily child minders.

The Health Services and Public Health Act 1968, which came into force on the 1st November 1968, amends the Nurseries and Child Minders Regulations Act of 1948 and increases the scope of the 1948 Act to include premises (other

an those used wholly or mainly as a private home) in which children are received for a total of two hours or more in a day. This removes the doubt which previously existed about the meaning of "a substantial part of the day" as used in the old 1948 Act.

The memorandum of guidance for local health authorities issued with Circular 37/68 by the Ministry of Health suggests standard facilities for premises which are in line with the standard of requirements enforced by this Department in the past in connection with all registered play groups or day nurseries.

Whilst the Ministry advise that wash basins with hot and cold water can be supplemented by portable plastic bowls to give an overall provision of one basin for each five children most helpers employed in play groups will regard this as a retrograde step bearing in mind the obvious difficulties which arise in such an arrangement, particularly where very young children are involved.

schools

The survey of older schools continued in 1968 and the conditions found were the subject of a report to the Education Committee. Whilst it has been possible to attend to certain items, much of the work required cannot be put in hand because of the economic position which exists at the present time. Arrangements have been made, however, for an increased lighting standard in five of the schools inspected and improvements were carried out to the sanitary accommodation or washing facilities at nine schools. Although efforts are made to attain a high standard of hygiene at our schools, the Education Committee's task of deciding upon priorities, when financial resources are so restricted, is an inenviable one.

Noise (Road Breaking Equipment)

As mentioned in the annual report for 1967, negotiations between interested parties were completed and a clause inserted in contracts made with Highway Contractors that "The hours of work of any air compressor, pneumatic or other road drills will generally be restricted to the period 8.00 a.m. to 7.00 p.m. on weekdays (Monday to Saturday inclusive). The contractor shall take all reasonable precautions to reduce the noise emitted by road breaking plant used on works to the satisfaction of the Authorised Officer, and pneumatic breakers shall either be of a type incorporating a silencer as an integral part of the breaker or shall be fitted with an approved device for reducing the noise emitted."

This procedure seems to be taking effect in that fewer complaints have been received by the Health Department about road breaking equipment. In view of the Ministry's recent circular on noise from building sites, it is probable that formal action will now have to be taken in certain cases to deal with noise emanating from building sites being operated by private developers.

Cinematographic Acts and Stage Play Licences

All cinemas were visited during the year and were found generally satisfactory, only minor works of repair being found necessary.

As a result of installing a new screen at one cinema sight line readings were taken by this Department which were not acceptable and resulted in the

removal of the two front rows of stall seats. Discussions were held with representatives of one of the major Cinematograph Companies, who held the view that with the high standard of seating now provided and the much improved type of projector and film used, a case existed for relaxing the standards of sight line readings.

In view of the fact that these standards were arrived at and reviewed only in 1955 by representatives of the Physiological Society, the British Kinematograph Society, Ophthalmologists and the Cinematographic Exhibitors Association it was decided that this local authority could not support at the present time any relaxation of the standards.

All theatres were inspected for the issue of annual stage play licences and found to be satisfactory with the exception of one where it was necessary to raise an objection to the issue of the licence. Negotiations took place with the management and the works required were put in hand.

48 applications were also received for Occasional Stage Play Licences for the public performances of Stage Plays and in all cases Licences were issued.

Clean Air Act

In common with most other towns, household smoke is the main source of atmospheric pollution in Brighton, particularly in the areas of packed-terraced houses situated on the valley slope facing south-west. Here the position is no doubt aggravated by an unfavourable topographical situation and proximity of the area to the seashore.

The readings for 1964-1968 are shown on the following graph which indicates that generally, in the Borough smoke readings have been gradually falling over the last few years, as a result of a slow, voluntary change-over by householders from coal to some form of smokeless fuel. Without smoke control there is a limit to which this trend can go and I would think that we are now not far off that limit. Sulphur-dioxide emission, on the other hand, remains fairly stable and is unlikely to decrease much until fuels at present in use are eventually replaced by fuels with a lower sulphur content.

SMOKE

MONTHLY MEAN

AUGUST 1964 — APRIL 1968



SULPHUR DIOXIDE

MONTHLY MEAN

AUGUST 1964 — APRIL 1968



15 applications were received involving new chimney stacks and in seven cases it was necessary to negotiate with the architects in order to extend the proposed chimney stack so that it complied with the Ministry's recent memorandum on chimney heights.

40 complaints concerning atmospheric pollution were dealt with by this Department. The type of complaint varied from bonfires, oil smuts and vehicle exhausts to emissions from dry-cleaning establishments.

The long awaited Clean Air Act 1968 finally received Royal Assent on the 25th October 1968 and comes into operation on such dates as the Minister may make by order. The Act is intended to amend and extend the provisions of the Clean Air Act 1956 and deals mainly with grit and dust emissions, chimney heights, mandatory smoke control and the use of unauthorized fuel in smoke control areas.

During the year further visits were made to coin-operated dry-cleaners and copies of "do's and don'ts" literature were distributed for display on the premises. Particular attention was given to the dangers of placing cleaned articles inside closed cars before adequate airing of the garments had taken place.

It has been reported in the press during recent months that a number of fatal accidents have occurred in the home from fumes from domestic heating appliances. There would seem to be an impression that if one uses smokeless fuel then there is no need for the chimney to be swept. However, in the case of flues in older buildings, mortar joints and linings become perished and can cause both partial blockage of the flue and possible leakage of fumes to other rooms. A supplementary danger exists when occupiers are taking advantage of one of the many types of double glazing now available for the do-it-yourself enthusiast. This can often result in insufficient ventilation being provided to ensure that proper combustion takes place and satisfactory draught conditions to the appliance exist. In certain atmospheric conditions, particularly in the hot weather, where this state of affairs exists it may be impossible for flue gases

to escape to the open air with the result that fumes can seep into the property.

Fortunately carbon-monoxide is generally associated with gases that have a pungent odour and where there is suspicion that gases are escaping into the room, steps should be taken to improve ventilation. If the trouble still persists professional advice should be sought.

PIGEON CONTROL

Treatment against pigeons during 1968 continued steadily and with very little opposition from the public.

The following table gives details of our results:

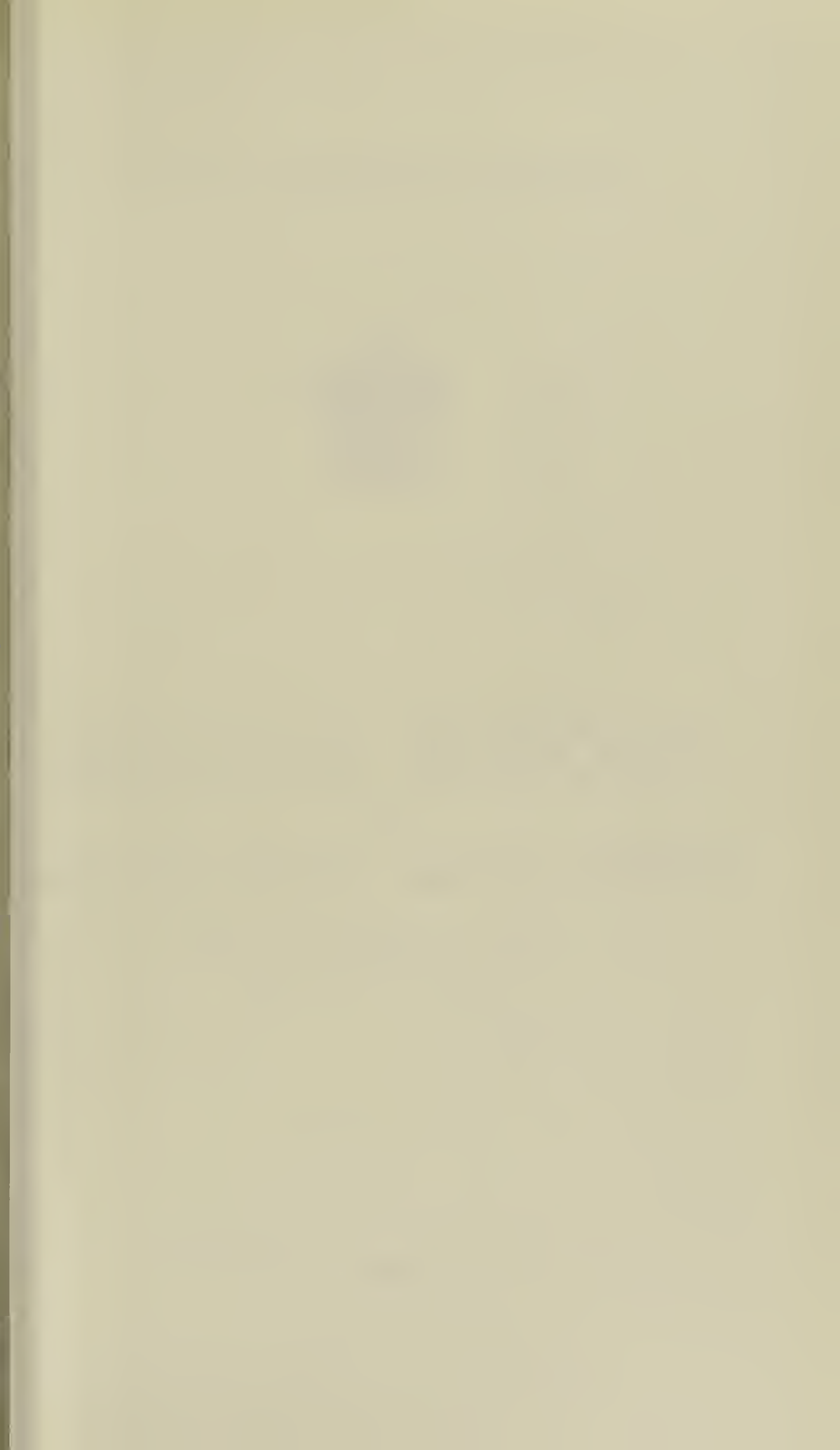
				<i>Birds Destroyed</i>	<i>Fledglings</i>	<i>Eggs</i>
January	...	...	...	331	18	20
February	...	...	...	211	7	6
March	...	...	...	149	11	12
April ...	...	...	...	357	—	10
May ...	...	...	...	388	40	42
June ...	...	...	...	654	42	140
July ...	...	...	...	538	18	22
August	...	...	...	440	—	17
September	...	...	...	440	8	18
October	...	...	...	383	18	47
November	...	...	...	427	18	—
December	...	...	...	421	38	50
Totals	...	...	...	4,739	218	384

The complaints received during the year totalled 277 as against 139 for 1967. The number of birds destroyed dropped by 1,000 on last year's figure. This, I think, indicates that with certain isolated exceptions the pigeon problem has been reduced to a reasonable proportion and whilst treatment continues at the present rate, it is expected that the number of birds destroyed each year will be in the region of 5,000.

The majority of these birds were disposed of by shooting which still remains the best method of destruction in this type of area.

Six narcotic treatments were carried out during the summer with only fair results. One is too much at the mercy of the weather and early morning traffic for this type of treatment to be very successful in a seaside resort such as Brighton where during summer months on Sundays (the only day narcotic treatment is permitted by the Ministry) early morning traffic is heavy, noisy, and tends to frighten birds away from the treated grain.

Traps were used where circumstances permitted and it was encouraging this year to note that no longer are they broken up and destroyed during night hours. This is, I think, another sign that the public are now more aware of the damage and danger to public health caused by these birds. A few letters of complaint have been received by the department from irate residents and visitors to the town, who feel that the Corporation should be held responsible for the fouling of their clothes by pigeon droppings and enquire as to whom they should send the bill for cleaning.



COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER

W. S. PARKER, *V.R.D.*

M.B., Ch.B., D.P.H., D.I.H.

1968

To the Members of the Brighton Education Authority

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the work of the School Health Service for the year ending 31st December, 1968.

Throughout the year, the problem of providing adequate psychiatric help for disturbed children has remained. The demands on the Child Guidance Clinic stayed at a high level, and in consequence there is a very long waiting list. This often results in great problems for the schools, and in considerable distress and unhappiness for the individual children and their families. Further consideration will need to be given to ways in which the demands on the service can more adequately be met.

The Audiology Service in Brighton is undoubtedly one of the most comprehensive in the Country, and provides an excellent service for the diagnosis and treatment of hearing defects. Furthermore, we are very fortunate in Brighton to have a full range of schools and special classes for children who are deaf or partially hearing.

Woodside Special School is completely full, and further provision for educationally subnormal children is undoubtedly required in order to provide extra help to slow-learning children. In this respect the setting up of the Special Class at Whitehawk Infants' School has been a significant landmark.

The extensions to the Patcham House Centre for Physically Handicapped children have greatly improved the facilities for disabled children, and it is hoped that in future it will be possible to increase the number of under 5-year-old children attending.

All maintained schools in Brighton received a dental inspection during the year, and in addition, regular visits to schools for the purpose of dental health education were made. It is disappointing to note, however, that so many dental emergencies still arise on account of children or their parents neglecting to make appointments until actual pain is being experienced.

The Speech Therapy Department is now fully staffed, and in consequence more children were discharged with satisfactory speech than in the preceding year. When the proposed extensions to the Speech Therapy Department take place, it is hoped to provide even more effective help for children with speech disorders.

During the year, Dr. P. J. C. Walker left the Department, and was succeeded as Deputy Principal School Medical Officer by Dr. A. I. Blenkinsop.

Once again, I should like to thank the Chairman and Members of the Education Committee for their interest in the School Health Service, and express my appreciation for the co-operation of the Director of Education and his staff and of the Head Teachers. The staff of the School Health Service have, as usual, worked hard to make 1968 a year of solid achievement, and upon which further improvements in the service can be made.

Yours faithfully,

W. S. PARKER,

Principal School Medical Officer

EDUCATION COMMITTEE FOR THE COUNTY BOROUGH OF BRIGHTON

Members of the Education Committee and certain Sub-Committees
as at 31st December, 1968.

EDUCATION COMMITTEE

Councillor S. W. TAYLOR, *M.B.E.*
(*Chairman*)
THE MAYOR
(Alderman T. J. L. TAYLOR, J.P.)
Alderman D. S. Y. BAKER, *M.B.E.*, J.P.
" R. BATES
" S. D. DEASON
" G. FITZGERALD
" J. L. MILLER
" Miss D. E. STRINGER, *O.B.E.*
" F. E. WINCHESTER
Councillor R. J. BLACKWOOD
" G. G. BRADLEY
" G. A. BURTON
" Mrs. G. M. CECCOTTI
" M. A. CLARKE

Councillor D. E. F. JAKINS
" C. W. JERMY
" J. F. C. KINGMAN
" F. LANE
" Mrs. G. R. MORRISON
" R. H. SHRIVES
" G. T. THEOBALD
Mr. N. W. CARTER, B.Sc.
Mr. C. H. CHRISTIE, M.A.
The Rev. M. G. COSTELLO
Mr. E. W. R. EDE, *M.B.E.*
Mrs. W. R. GATEHOUSE, L.G.S.M.
The Rev. Canon J. N. KEELING
Mrs. M. G. MILLS, M.A.
Mr. L. W. PALMER, M.A., B.Sc.
The Rev. EMRYS WALTERS

SCHOOLS SERVICES SUB-COMMITTEE

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THE MAYOR (*ex-officio*)
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" G. G. BRADLEY
" G. A. BURTON
" Mrs. G. M. CECCOTTI

Councillor F. LANE
" Mrs. G. R. MORRISON
" S. W. TAYLOR, *M.B.E.*
(*ex-officio*)
Mrs. W. R. GATEHOUSE, L.G.S.M.
The Rev. EMRYS WALTERS

SCHOOL ATTENDANCE AND EMPLOYMENT BRANCH SUB-COMMITTEE

Councillor T. A. MARKHAM (*Chairman*)
THE MAYOR (*ex-officio*)
Councillor R. J. BLACKWOOD
" Mrs. G. M. CECCOTTI
" Mrs. G. R. MORRISON
" R. H. SHRIVES (*ex-officio*)
" S. W. TAYLOR, *M.B.E.*
(*ex-officio*)

Rev. M. G. COSTELLO
Mr. E. W. R. EDE, *M.B.E.*
Miss R. EVANS
Miss S. SACCHI (*representing Brighton Teachers' Association*)
Rev. EMRYS WALTERS

MANAGERS OF THE BRIGHTON DAY SPECIAL SCHOOL FOR EDUCATIONALLY SUB-NORMAL CHILDREN

Councillor G. A. BURTON (*Chairman*)
THE MAYOR (*ex-officio*)
Alderman Miss D. E. STRINGER, *O.B.E.*
Councillor G. G. BRADLEY
" R. H. SHRIVES (*ex-officio*)

Councillor S. W. TAYLOR, *M.B.E.*
(*ex-officio*)
Mr. E. W. R. EDE, *M.B.E.*
Mrs. M. JAMESON
Mrs. M. L. WIGGANS, J.P.

SCHOOL HEALTH SERVICE STAFF

Medical Officers

- W. S. PARKER, V.R.D., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H., Principal School Medical Officer.
 P. J. C. WALKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., Deputy Principal School Medical Officer to 16/6/68.
 A. I. BLENKINSOP, M.B., B.S., D.P.H., D.C.H., D.R.C.O.G., Deputy Principal School Medical Officer from 19/8/68.
 L. B. PETERS, M.B., B.S., Senior School Medical Officer.
 MARY C. PRICE, M.B., Ch.B., C.P.H., School Medical Officer.
 A. B. COWAN, L.R.C.P., L.R.C.S., School Medical Officer (Part-time) to 31/5/68.
 J. FOSTER, M.B., B.S., D.A., D.R.C.O.G., School Medical Officer (Part-time) from 25/3/68.
 V. O. GARTSIDE, School Medical Officer (Part-time) from 1/5/68.
 E. H. OSBORN-SMITH, M.B., B.S., M.R.C.S., L.R.C.P., L.M.S.S.A., D.P.H., Diploma in Audiology, Medical Officer (Audiology).
 J. A. CHOLMELEY, F.R.C.S., Orthopaedic Surgeon, to 29/10/68.
 AUSTIN BROWN, F.R.C.S., Orthopaedic Surgeon from 5/9/68.
 D. ST. CLAIR ROBERTS, M.A., B.M., B.Ch., F.R.C.S., Ophthalmic Surgeon.
 P. JENNER, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.O.M.S., D.O., Ophthalmologist.
 N. R. W. SPACEK, M.B., D.A., F.F.A.R.C.S., Anaesthetist.
 M. D. A. HELLER, M.B., M.R.C.P., D.P.M., Consultant Psychiatrist.

Dental Officers

- W. H. GARLAND, B.D.S., U.Lond., L.D.S., R.C.S.(Eng.), Principal School Dental Officer.
 PAULINE OSIS, D.D.D., School Dental Officer to 31/7/68.
 R. H. THOSEBY, L.D.S., R.C.S.(Eng.), School Dental Officer.
 IRMA DROTH, L.D.S., R.C.S.(Eng.), School Dental Officer.
 J. B. HERINGTON, L.D.S., R.C.S.(Eng.), School Dental Officer from 1/8/68.
 L. G. MOREY, L.D.S., R.C.S.(Eng.), D.D.S., School Dental Officer (Part-time).
 FRANCES KIRK, B.D.S.(Lond.), School Dental Officer (Part-time).
 F. C. SHENTON, L.D.S.V.U.(Manc.), D.Orth., R.C.S.(Eng.), Consultant Orthodontist (Part-time).

Child Guidance Clinic

- Mr. J. FOSTER, M.A., M.Ed., A.B.Ps.S., F.S.S., Senior Psychologist.
 Mrs. J. ALLAN, B.A., Psychologist (Part-time).
 Mr. R. OSBORN, M.A., Psychologist from 3/68.
 Miss G. M. LAWLOR, A.A.P.S.W., Psychiatric Social Worker.
 Mrs. P. PARKES, Secretary Receptionist to 18/9/68.
 Miss D. GLADMAN, Secretary Receptionist from 20/9/68.

Speech Clinic

- Mrs. C. McINTYRE, L.C.S.T., Senior Speech Therapist.
 Mrs. J. MILLS, L.C.S.T.
 Miss R. WOODWARD, L.C.S.T.

Orthopaedic Clinic

- Mr. G. H. G. CALVER, M.C.S.P., S.R.P., Senior Physiotherapist.
 Mrs. E. HILLABY, M.C.S.P., S.R.P.

School Nursing Staff

- Miss A. WEBBER*†, Superintendent School Nurse.
 Miss F. DAVIDSON, School Nurse (Audiology).
 Miss A. ORRIDGE*
 Miss J. LEACH*, retired 31/7/68.
 Miss C. E. ROBERTS*.
 Mrs. M. C. WALKER.

- Mrs. I. HAMMERSLEY.
 Miss I. RICHMOND to 13/4/68.
 Miss T. JOHNSTON to 5/10/68.
 Miss B. PERRY from 4/6/68.
 Mrs. D. I. MURPHY.
 Mrs. S. HOLBORROW from 4/6/68.
 Miss F. HOLLANDS.

*Health Visitor Certificate
 †Parentcraft Teachers Certificate

Dental Hygienist

- Mrs. J. KROLICK, Certificate of Proficiency in Oral Hygiene (Part-time) to 30/8/68.

Dental Auxiliary

Miss G. BUSH, Certificate of Proficiency as a Dental Auxiliary from 7/10/68.

Dental Surgery Assistants

Miss L. DAVEY.

Mrs. I. ROUTLEDGE.

Miss L. HOLDEN to 30/8/68.

Miss P. BRUCE from 3/9/68.

Mrs. A. WINDHAM (Part-time).

Mrs. D. MASON (Part-time).

Mrs. V. DUCKETT (Part-time).

Dental Clerical Assistant

F. WRIGHT.

Clerical Staff

Miss D. R. SEYMOUR, D.M.A. (Senior Clerk)

Mrs. M. BIRD.

Miss G. JACKSON.

Mrs. D. STREETS *nee* PESKETT.

Miss P. HODGKINSON to 29/12/68

Miss S. HORNSBY from 8/4/68.

Section A

COMMENTS ON THE SCHOOL HEALTH SERVICE 1968

by Dr. L. B. PETERS, Senior School Medical Officer

The year 1968 was notable for the retirement of Mr. J. A. Cholmeley who was the consultant orthopaedic surgeon to the Brighton School Health Service for some thirty years. Mr. Cholmeley has indeed given the orthopaedic clinic the sort of tradition for which we are very much in his debt. His approach, ability to parents and kindness to children made him an ideal consultant in this field and for this alone many Brighton parents and children have reason to be grateful to him. His time here has coincided with a particularly dynamic period of change in orthopaedics and indeed in the whole range of medicine. One has only to think of the virtual disappearance of bone tuberculosis and more recently, of poliomyelitis, to realise how far-reaching the change has been. We shall indeed miss his monthly visits to the School Clinic in Brighton and the School Health Service is the poorer for his absence.

The problem of bed-wetting continues to occupy a prominent role amongst the problems we meet in the School Health Service. It is more often met in boys than girls, for example amongst those sixty children requiring alarm bells only 19 were girls. The general experience we have is that girls tend to be cured of this condition more quickly than boys who take upwards of four months whereas girls tend to be cured in an average of some two months. Naturally there are exceptions and some children are even cured in a week. The age at which we use this treatment is normally about seven years but we have recently tried it for two five-year-olds, with success. As can be imagined the cure of such a trying condition to mother and child produces a corresponding delight and gratitude in both. In a few rare cases children are frightened by this apparatus and we have had to discontinue its use. All this could not come about without the care and trouble taken by our nurses in explaining how to set up the alarm bell and encouraging parents and child to persevere in its use. There is also follow up carried out by the Medical Officers. In this day and age of the more publicity impressive transplants it is easy to overlook the benefits conferred by such more simple methods of treatment.

I would particularly draw attention to the work of our speech therapists and in particular the interest and help given by Mrs. McIntyre in the setting up of the new unit which will substantially enhance the effectiveness of the treatment we give to children afflicted with speech defects. We will be describing the unit in next year's report.

Once again tribute must be paid to the hard unspectacular work done by the school nurse/health visitors in the often monotonous work of ensuring the cleanliness and general well-being of the school children of Brighton.

As will be seen from the report of the work of our Child Guidance Clinic, the problem of trying to put a psychiatric quart into a pint pot continues to present great difficulties.

Dr. Mary Price, School Medical Officer, reports:

Appointments at the School Clinic are very badly kept, whether the examination is routine, for re-examination or for any of the special causes and also in the case of applicants for admission to Training Colleges. These quite frequently

fail to keep the appointment given them (with plenty of notice and with consideration for their convenience). All this means a great waste of valuable professional time.

I am increasingly concerned by the problems of obesity. I am sure we encourage it by overfeeding of infants, who nowadays are encouraged to be fed as often as they demand and as much as they can be induced to consume.

I would like to see something being done to help the parents to help their obese children. We might have a publicity campaign in the School Clinic. We might also perhaps have a showing of the film on this subject from the B.M.A. Film Library.

On the whole the general health of school children is extremely good and this is a credit to the mothers on whom everything depends.

Section B

THE WORK OF THE SCHOOL HEALTH SERVICE 1968

I. HANDICAPPED PUPILS

I append a table showing the disposition by handicap and education placement of the pupils ascertained as handicapped pupils under the Education Act 1944, including those who were deemed ineducable under Sec. 57 (4) of the Act.

Ascertainment and placement of handicapped pupils during 1968

<i>Handicap</i>	<i>No. ascertained</i>	<i>No. placed and school</i>
Deaf	2	Nil
Partially hearing	1	1—Ovingdean Hall, Brighton
Educationally sub-normal	39 day 5 boarding	23—Woodside Day Special 2—St. John's, Brighton 1—Swaylands, Penshurst 1—Netherfield, Crowborough 3—Bicknell, Bournemouth 1—Larchmoor, Stoke Poges 1—St. Joseph's, Finchley 1—Tylnay Hall, Basingstoke 2—Farney Close, Bolney 1—Pitt House, Chudleigh 1—Pitt House, Torquay 2—St. Michael's, Uckfield 1—St. Margaret's, Croydon 1—Craig-y-Parc, Cardiff
Maladjusted	8	
Physically handicapped	3	
Delicate	1	Nil

In addition, 7 physically handicapped children were placed at Patcham House Centre for Physically Handicapped children and 9 children handicapped in various ways received home tuition during the year.

11 children were found to be unsuitable for education at school by reason of disability of mind.

(i) *Children deemed Educationally Sub-normal*

A total of 44 children were ascertained as educationally sub-normal.

I am indebted to Mr. W. C. Almond for the following report of the Woodside Special School of which he is Head teacher:

The number of children in Brighton ascertained as E.S.N. seems to be on the increase. It becomes increasingly difficult to find places at Woodside for children who come in this category and this difficulty is made worse when E.S.N. children from other areas are transferred to Brighton. It is obligatory for a child who has attended a Special School in his previous place of residence to attend a similar school in his new area. A child of the age thirteen or fourteen is always difficult to fit in and retards promotion of children already in the school. This is quite a problem at Woodside and necessitates, at times, classes over the maximum number. I am indebted to members of my staff for coping with this situation when occasion demands.

Drama has played a great part in the school curriculum this year and a very successful "Cinderella" was witnessed by the majority of parents. The script was suggested and written by the children and all the staff helped in various ways. It is hoped that the school play will become an annual event.

With the co-operation of the Health Education Section the senior classes have had lessons dealing with many aspects of health and safety in the home. The colour slides kindly lent by the Health Department have proved a valuable addition to the weekly talks on health.

Twenty-three children were admitted to the Woodside Day Special School during the year. Twenty-nine children left the school as follows:

School leaving age	20
Moved to another district	2
Transferred to residential special schools	2
Transferred to ordinary school	1
Unsuitable for education at school	4

Miss K. E. M. Coe, the Headmistress, reports as follows on the Special Class, Whitehawk Infants' School—age range 5 years and four months to 6 years and seven months.

The class was opened in September 1968 and housed in a new wooden block consisting of classroom and cloakroom with storage facilities for large apparatus.

Although this was a Special Class consisting of 19 children, 12 were already ascertained E.S.N., i.e. 63%—the remaining 7 emotionally unstable due to inadequate home conditions, non-talkers, poor attenders or having experienced serious illness in pre-school period.

The aim from the very beginning was to integrate this class into the main school and not to regard it in any way as a class apart. These children attend morning assembly and combine with two other classes for singing and stories. Their meal is taken with the main school in the canteen.

One main point discovered was that these children literally did not know how to play together; at the end of the first term they were playing near somebody else but for the greater part alone, but gradually combining in a very small group. Educationally this group has made good progress, all but four are beginning to read—some have made great strides, whereas if they had remained with their age group in a normal class of 44+ no progress would have been made—even the non-talkers are beginning to communicate.

In the past these children did not like coming to school, but this has changed. The parents who are encouraged to share their children's experiences state that in some cases bed-wetting has improved, nervous habits as well as difficult behaviour at home have lessened to an amazing degree. The happy contented atmosphere of this class is a joy to see.

(ii) *Children deemed Blind and Partially Sighted*

Mr. D. St. Clair Roberts, Consultant Ophthalmic Surgeon, reports as follows:

The number of children awaiting re-examination causes considerable concern. Unfortunately the delay for such re-examination is now up to 9 months. Every effort is being made to contain this problem as it appears that further sessional time will be necessary to provide a satisfactory service. New cases referred to the clinic are being seen within a reasonable time and it is hoped that this satisfactory state of affairs will be maintained.

(iii) *Children deemed Deaf and Partially Deaf*

I am indebted to Dr. E. H. Osborn-Smith (Medical Officer Audiology) for the following report:

New appointments during the year included a full time audiology technician for the diagnostic clinic at Morley Street and two teachers of the deaf for the Partially Hearing Units at Bevendean Junior and Infant's Schools. The infant unit was opened in September 1968, thus providing separate facilities for the education of hearing impaired children of junior and infant school age.

SCREENING TEST OF HEARING

In an analysis of 58 children with marked or severe hearing defects attending the audiology clinic, the age of diagnosis was as follows:

0 - 1 years	11	4 - 5 years	5
1 - 2 years	12	5 - 6 years	6

2 - 3 years	...	...	5	6 - 7 years	...	...	12
3 - 4 years	...	...	3	7 years and older	...	...	4

There is good evidence that some of the older children have been deaf from birth but this has escaped detection for years. Now fortunately, owing to the greater vigilance of parents, health visitors, teachers, school nurses, doctors, etc., and the policy of performing screening tests of hearing on all infants and school children, hearing defects are detected much earlier and congenital deafness is often diagnosed before the child is a year old.

(a) *Infants and pre-school children*

During the year, three more health visitors and three health visitor assistants received in-service training for the performance of screening tests of hearing on babies from the age of 6 or 7 months. All health visitors completed a monthly return of such tests and the annual total was 1,539 babies and toddlers examined with nine failures who were referred to the Audiology Clinic.

Two of these children had significant hearing defects. The first, a baby aged 7 months, was the only child of profoundly deaf parents. She had a severe hearing defect, probably due to hereditary factors. After referral to the Sussex Throat and Ear Hospital, mother and child spent a week at the Ealing Hostel in London for observation, auditory training and parent guidance. Local supervision is now being undertaken by the advisor/teacher of the deaf and admission to a day nursery will be arranged from the age of 18 months. The second child, aged 25 months, had a marked hearing defect in both ears and speech development was retarded. Following removal of tonsils and adenoids at the Sussex Throat and Ear Hospital her hearing has greatly improved and speech is progressing satisfactorily.

(b) *School Children*

Twelve schools were involved and a total of 3,980 children had a pure tone screening test. 302 (7.6%) had a significant hearing defect in one or both ears.

The majority of the hearing defects discovered in school are conductive impairments due to acute or chronic disorders of the middle ear cleft and apparently arising as a complication of upper respiratory infections including the common cold. The great problem is the large number of children affected, the persistence of the hearing defect—in some instances over a period of months or years—and the tendency for deafness to vary from one month to another. From an educational standpoint, the deafness is a cause for concern when both ears are involved over a prolonged period. These children are reviewed regularly at the clinic and, if necessary, referred to an Ear, Nose and Throat Specialist. The head teacher is informed if special placement at the front of the class is considered necessary.

Other varieties of disorder revealed by the screening procedure included deafness due to complete obstruction of the ear canals with wax, suppurative middle ear disease, extensive cholesteatoma with destruction of the incus and crura of the stapes, severe unilateral perceptive deafness, bilateral middle tone perceptive deafness and bilateral high tone deafness. In many cases, no one was aware of the hearing problem prior to this investigation.

DETAILED HEARING ASSESSMENT

There was a total of 2,664 attendances at the Audiology Clinic during 1968 for detailed hearing assessment and this included 223 attendances by infants and toddlers.

68 children were referred to the Sussex Throat and Ear Hospital with the following results:

Admitted for surgical treatment	...	...	...	...	25
Listed for operation	...	...	...	...	7
Issued with a Medresco hearing aid	...	...	...	...	8
Medical treatment prescribed	...	...	...	...	10

No active treatment recommended	...	...	...	10
For observation or review	...	...	...	3
Failed to attend the hospital	...	...	...	3
Referred elsewhere	...	...	...	2

The type of hearing defect was 43 conductive, 18 perceptive and 7 mixed perceptive and conductive.

EDUCATIONAL PLACEMENT

According to the nature and degree of the hearing impairment a child may make satisfactory progress in an ordinary school, or it may be necessary to arrange special placement at a partially hearing unit, a school for the partially deaf or a school for the profoundly deaf child with little or no speech and language development.

Brighton is in the unusual and fortunate position of having all these facilities within its boundaries and, with a present complement of three full-time teachers of the deaf, there is a good peripatetic service for parent guidance and auditory training of the infant and toddler in the home, nursery or school.

At the 31st December, 1968, there were 72 children in Brighton with hearing aids placed as follows:

Hamilton Lodge School for the Deaf	...	...	...	8
Ovingdean Hall School for the Partially Deaf	...	...	...	5
Bevendean Partially Hearing Units	...	...	...	13
Mary Hare Grammar School	...	...	...	2
Miscellaneous	...	...	...	9
At Brighton maintained ordinary schools	...	...	...	35

CAUSES OF DEAFNESS

A preliminary analysis was made of the records of 58 children with marked or severe hearing loss attending the Audiology Clinic to determine the cause of deafness. The results are tabulated below.

There were difficulties in such a retrospective enquiry. The parents had an imperfect recollection of the medical history, especially after a lapse of many years, and there were certain details about which they were never fully informed. Two of the children were adopted and the early history was therefore unknown. In some instances, there was more than one possible causative factor, for example, one child was a breech delivery, had a birth weight of 4 lb., required intubation and resuscitation and later received several exchange blood transfusions on account of haemolytic disease due to rhesus incompatibility. Classification may reasonably have been made under "neonatal jaundice" or "birth anoxia."

CAUSES OF DEAFNESS IN 58 CHILDREN

Hereditary factors	...	...	...	...	9 (15.5%)
Maternal Rubella or a history of contact in first 3 months of pregnancy	...	...	...	...	8 (13.8%)
Anoxia at birth	...	...	...	...	9 (15.5%)
Neonatal jaundice	...	...	...	...	9 (15.5%)
Unknown	...	...	...	...	12 (20.7%)
Febrile illness of the child which in retrospect may have been meningitis	...	...	...	...	5 (8.6%)
Meningitis	...	...	...	...	2 (3.4%)
Otitis media	...	...	...	...	4 (6.9%)

Approximately 60% may be grouped under pre- and perinatal cause. In 21% of cases the aetiology is unknown but probably all of these children should be assigned to the pre- and perinatal group. Deafness was acquired after birth in 19%. In five of these children there was a history of illness with the following presentation:

Gastroenteritis at the age of 5 months

Fever and convulsions at the age of 6 months

Severe gastroenteritis and convulsions at the age of 8 months

Rash and febrile illness at the age of 16 months

'Flu' at the age of 5 years.

The relationship of these illnesses to the subsequent discovery of deafness is a matter of speculation.

SUMMARY

Tabulated below are the annual figures for various hearing tests performed since the commencement of the Audiology Department in September, 1964:

<i>Year</i>	1964	1965	1966	1967	1968
Infants Screening Tests	90	517	1,147	1,600	1,539
School Screening Tests	502	2,128	2,551	3,293	3,980
Detailed assessments	62	1,068	2,005	2,784	2,664

Nearly a third of the referrals to the Sussex Throat and Ear Hospital in 1968 arose from screening tests.

Mr. T. G. Ruggles, Teacher-in-Charge, Bevendean Partially Hearing Unit, reports:

The most notable feature of the past year has been the formation of a second unit. This is situated in the Infant Department of Bevendean School and like the Junior Unit has been sound-treated and equipped with a special purpose group hearing aid and other essential amplifying equipment. Facilities now exist at Bevendean for the special education of hearing-impaired children from nursery age to 12. At the time of writing, 9 children attend the Infant Unit and 7 the Junior Unit.

A further innovation has been the installation of a loop induction system in each of the school halls, whereby the children can use their hearing aids in such a way as to eliminate the problems of hearing incurred when they are situated relatively long distances from the speaker. They hear via a signal relayed to them from the 'loop' encircling the hall and the reception is equal to that achieved when standing next to the speaker.

We have welcomed a new full-time teacher to the Junior Unit but have said goodbye to two part-time teachers who gave us valuable service whilst a full-time successor was sought.

The Units are now staffed thus:

Infant P.H.U.—Teacher in charge and Nursery Assistant.

Junior P.H.U.—Teacher in charge.

Peripatetic teaching, parent guidance and general supervision are undertaken by the adviser/teacher of the deaf. At present, 7 children of pre-school age are receiving home visits and their parents are being advised by the peripatetic teacher. Whenever possible, these children are attending a Nursery class where they are exposed to a normally-communicating environment. This course is proving highly successful in promoting the acquisition and development of

communication skills. The peripatetic teacher additionally visits 15 juniors and 19 secondary age children, giving auditory training and ensuring that school progress is not impaired as a result of hearing disfunction.

There is a great deal of liaison with the two local schools for the deaf and it may be rightfully claimed that in the sphere of education of the deaf, Brighton offers a service as comprehensive as any to be found anywhere in this country. Facilities are available for children of a few months old right up to school-leaving age. Even beyond this age, opportunities in the field of further education are being made available to the young deaf adult.

During October, the local branch of the National Deaf Children's Society held a "Deaf Children's Week" during which the Units were open for visits by members of the public. The response to the invitation to visit was most encouraging and as a result, a larger section of the public became more aware of the difficulties besetting the deaf child and the help available to them. This was further reinforced by press coverage, a special supplement and broadcasts from Radio Brighton.

iv) Children deemed Delicate

1 child was ascertained as delicate and administratively dealt with accordingly.

(v) Children deemed Maladjusted

8 children were represented as maladjusted during 1968; placement was found for 12 such ascertained children during the period.

Dr. M. D. A. Heller, Consultant Psychiatrist, reports on the work of the Child Guidance Clinic:

Staff changes included the resignation of Mrs. C. Kenward (Psychiatric Social Worker—part-time) and it did not prove possible to replace her. Mr. R. Osborn was appointed to the staff of the School Psychological Service as Educational Psychologist and part of his work is in the Clinic. The training placements for students from the University of Sussex have continued.

The demands made on the Clinic fell slightly as compared with 1967—144 referrals as against 171, but particularly in the final quarter of the year there was a sharp increase in requests for psychiatric reports in the Juvenile Court. The demands on the service have continued to exceed the capacity of the staff to meet them and the number of children on the waiting list at the year's end was 118 as compared with 97.

The service thus remains grossly over-extended and it needs to be said that it is impossible at this level of staffing to do more than partially meet the demands.

CHILD GUIDANCE STATISTICS 1968

<i>Number of cases referred</i>	...	...	...	...	...	144
<i>Sources of referral:</i>						
Senior School Medical Officer		...	...	...	...	30
Children's Officer	...	...	...	...	...	4
Probation Officer	...	...	...	...	...	1
Juvenile Court...	...	...	...	...	...	19
Health Visitors...	...	...	...	...	...	8
General Practitioners	...	...	...	...	...	30
Education Psychologists	...	...	...	...	...	11
Transferred in:						
hospitals	...	...	...	...	...	6
other C.G.C.'s	...	...	...	...	...	3
Schools	...	...	...	...	...	10
Parents	...	...	...	...	...	17
N.S.P.C.C.	...	...	...	...	...	1
School Welfare Officer	...	...	...	...	...	2
Education Department	...	...	...	...	...	2

Number of children seen by Psychiatrist:

New cases	...	...	...	...	...	74
Follow-up cases	...	...	...	...	...	152
Number of cases closed	...	...	...	...	...	123
<i>Number of failed appointments:</i>						
Miss G. M. Lawlor	...	...	...	...	...	98
Dr. M. D. A. Heller	...	...	...	...	...	60
<i>Attendances:</i>						
Dr. M. D. A. Heller	...	...	...	...	...	469
Miss G. M. Lawlor	...	...	...	...	...	479
Mrs. C. Kenward	...	...	...	...	...	155
Students	...	...	...	...	...	92
Total attendances	...	...	...	...	...	1,195

(vi) Other categories of Handicap

Apart from the above three other children were found to be suffering from defects sufficiently serious to warrant special education as physically handicapped.

Dr. J. Foster reports on the Patcham House Centre for Physically Handicapped Children:

In the course of my duties as a School Medical Officer in Brighton I have made weekly visits to Patcham House, since September 1968, in order to deal with problems raised by Mrs. Newing and to keep the children under general review.

Work has been carried out with some difficulty owing to lack of space, especially needed by physically handicapped children. The extension, now nearing completion will make a significant improvement in the work and facilities of the unit. This extension will provide a new classroom, a medical room and a sluice. In order to provide the new accommodation a workroom had to be demolished and so woodwork and practical crafts have had to be discontinued temporarily.

There are thirty-one children on the register at present. The age range is from 4 to 16 years. Three children will be leaving at the end of the Summer Term. The unit covers a broad age group and with the extra space added to the unit it is hoped to accommodate pre-school handicapped children in the future. As far as the limits of existing establishment allow a wide range of mental abilities and educational attainments is catered for.

Most of the children are brought to the unit by special transport from all parts of Brighton. One child is brought from Goring-by-Sea and two Hove children attend. Physiotherapy and Speech Therapy are provided for those children who require it.

The children at the unit have a variety of physical handicaps which range from the slightly handicapped (e.g. those with poor co-ordination and defects of neuro-muscular control, juvenile rheumatoid arthritis and bronchial asthma) to severe and extreme cases confined to wheelchairs such as muscular dystrophy and spina bifida. The children are all given an annual medical inspection, which usually takes place during the Spring Term.

Supervision would be made easier if there were even closer liaison with the hospitals. For example, it might be an advantage if the Medical Officer could attend the hospital out-patient department, when possible, when the children from the unit were seen by their respective consultants.

Mrs. A. S. Newing, Teacher-in-Charge, reports:

This has been an exciting and eventful year for Patcham House, because of the addition of a new craft-classroom, physiotherapy room and a much needed sluice. It is very satisfactory to be able to deal with incontinent children in comfort and privacy.

There are now 31 children in attendance, with ages ranging from 4 to 16.

an additional teacher and a second full-time welfare assistant have joined the staff. Two visiting teachers now come to teach shorthand and typing and cookery; a volunteer comes once a week to take woodwork with the boys.

The standard of work rises each year and three seniors took several subjects in C.S.E. with success. Out of three children who had reached school leaving age, one was placed in a post with Rediffusion and the other two are staying on here to take G.C.E. 'O' Levels in 1969.

The Headmistress of Margaret Hardy School has very kindly given us the use of the new heated swimming bath for a weekly session.

With all these additions in staff, rooms and facilities, Patcham House has become rather more than the class by which it has been known in the past.

(vii) *Handicapped Young Persons—The Youth Employment Bureau*

I am indebted to Mr. D. D. Wallis, Youth Employment Officer, for the following report:

During the year 63 handicapped boys and 36 handicapped girls who were due to leave school were interviewed. The now established practice of a Case Conference with pupils from Woodside School, and of early interviewing locally with liaison with home Bureaux, for pupils from the Schools for the Deaf and Partially Deaf, have been continued. At the last two schools careers courses are being developed during the last year at school, with industrial visits and other activities, which should do much to help to bridge the gap between school and work or further education, as well as enable these young people to widen their occupational horizons and make realistic choices.

The following table shows the main disabilities of the 99 pupils interviewed. (Figures in brackets indicate pupils resident outside Brighton).

<i>Disability</i>					<i>Boys</i>	<i>Girls</i>
E.S.N. ...	...	...	...	...	14	7
Deaf ...	...	...	...	...	9 (8)	5 (4)
Partially Deaf ...	...	...	...	...	11 (8)	7 (6)
Asthmatic ...	...	...	...	...	9	4
Delicate... ..	...	...	...	...	3	8
Physically Handicapped	...	...	...	...	4	2
Maladjusted ...	...	...	...	...	6	2
Epileptic ...	...	...	...	...	2	1
Diabetic... ..	...	...	...	...	1	—
Bronchitic ...	...	...	...	...	1	—
Defective Vision	...	...	...	...	3	—
					<hr/> 63 (16)	<hr/> 36 (10)

The initial placement of these young people was as follows:

	<i>Boys</i>	<i>Girls</i>
Placed in first employment	34	17
Found first employment	13	9
Continued education or training ...	14	8
No information available	1	2
Not yet settled... ..	1	—

A slightly smaller, though still significant, proportion of these young people is undergoing further full-time education or occupational training. Pupils who undertook such training last year, in such work as varied as motor repair and floristry, have settled without difficulty. This year training is being undertaken in a variety of occupations, such as typesetting and institutional management.

Disabled Persons Register

During the year applications for registration as Disabled Persons were made by three boys and three girls.

Five severely disabled young people who for various reasons were not put forward for further education or Industrial Training have experienced great difficulty in obtaining suitable employment. Every effort has been made to encourage participation and as a consequence these young people are either receiving industrial training or have applications pending.

Operation Sheltered Workshop

The Principal Youth Employment Officer attended two meetings organized by the Co-ordinating Committee drawn from local Service Organizations. Concern has been expressed by members of this Committee that in view of the present economic situation it is becoming increasingly difficult to find suitable employment for physically handicapped people of all ages. As a consequence an investigation is being made into the possibility of setting up a Sheltered Workshop.

II. HEALTH EDUCATION IN SCHOOLS

The programme has been similar to that of 1967. No refusal from parents for their children's participation in Health Education classes has been encountered. Forty-minute teaching periods were given as follows:

Health Education	...	...	...	...	86
Child Care...	...	...	...	...	342
Other lectures, examinations, etc.	...	...	...	...	14

III. THE SCHOOL DENTAL SERVICE

Mr. W. H. Garland, the Principal School Dental Officer, reports as follows:

Staffing

Mrs. P. Osis, D.D.D.(Latvia), full-time dental officer, retired at the end of July after eighteen years' service with Brighton School Dental Service. We wish her a long and happy retirement. In her place we welcome Mr. J. Herington, L.D.S., as a full-time dental officer. During the year the two part-time dental officers each worked an additional session. The dental officer staff now consists of four full-time dental officers and two part-time dental officers (each doing three sessions a week). Dr. Spacek, Consultant Anaesthetist, attends for one session a week and Mr. F. Shenton, Consultant Orthodontist, one session a month. Since 1st March, 1968, the South Eastern Metropolitan Regional Hospital Board have allowed Mr. Shenton to attend the Dental Department as part of his consultant duties to the Royal Alexandra Hospital for Sick Children.

Mrs. J. Krolick, Dental Hygienist, left us at the end of August after three years' part-time work in Dental Health Education in schools. It is through her efforts that regular visits to schools for the purposes of Dental Health Education have become established in Brighton schools. She has been replaced by Miss G. Bush, Dental Auxiliary, who will continue the work in Dental Health Education in addition to her clinical duties.

Miss L. Holden, Dental Surgery Assistant also left us at the end of August to commence training as a Dental Auxiliary at New Cross Hospital. We wish her every success in her future career. Miss P. Bruce joined the Dental Surgery Assistant staff in September.

Equipment

The fourth and last dental surgery at Morley Street central school clinic has been re-equipped and the four surgeries at our main clinic are now completely modernised. During the year two of the branch dental surgeries were also improved by the installation of new quartz iodine dental lights.

The School Dental Service

All maintained schools in Brighton received a dental inspection during 1968. Of the 19,032 children inspected, 10,500 were considered to require treatment at the time of inspection. 4,790 children were reinspected and 2,352 were considered to require treatment.

These figures for dental inspections show a slight decrease in the number requiring treatment at school inspections compared with 1967. The clinical work performed by the School Dental Service shows all round increases in the number of children treated, courses of treatment completed and in conservative work. It is satisfactory to note that it was only in 1964 that we achieved an equal number of fillings in deciduous teeth to the number extracted. In 1968 twice as many deciduous teeth were filled as were extracted. The increase in permanent teeth extracted is again mainly accounted for by our extractions for orthodontic purposes. There was an unwelcome increase in the number of children seen for emergency treatment to relieve pain and again one can only point to the fact that the majority of these cases could have been averted. A large proportion of emergencies are children who have missed appointments, or those whose parents opted to make their own arrangements for dental treatment and then did little or nothing about obtaining treatment until their children were in pain.

The orthodontic work of the Dental Service continues to expand under the guidance of Mr. Shenton. At present there are 194 patients under observation and treatment. Apart from the figures presented at the end of this report, 119 children received an orthodontic opinion during the year, 301 permanent teeth were extracted, 181 deciduous teeth extracted, 56 children completed treatment by extraction only, and 916 attendances were made for orthodontic treatment. It is noticeable that now we are able to obtain an orthodontic opinion at the right time during the child's dental development, we are able to achieve a satisfactory result in a larger proportion of the cases by extraction alone.

Dental Health Education

This year the Dental Department's work in trying to foster correct attitudes to dental health and simple preventive measures to combat dental disease, was reinforced by a Dental Health Week which was held in June. An account of the *Dental Health Week* is included in the Medical Officer of Health's annual report.

During the year all infant and junior schools have been visited for dental health education in the form of talks, demonstrations and the showing of dental health films.

The dental department would like to thank all Head teachers and their staff for their help and co-operation during school dental inspections, our Dental Health Education programme and during the Dental Health Week.

Attendances and Treatment

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First visit	2,037	1,410	230	3,677
Subsequent visits	4,299	3,383	503	8,185
Total visits	6,336	4,793	733	11,862
Additional courses of treatment commenced	682	497	60	1,239
Fillings in permanent teeth ...	1,714	2,899	555	5,168
Fillings in deciduous teeth ...	2,933	341	—	3,274
Permanent teeth filled ...	1,430	2,616	510	4,556
Deciduous teeth filled... ..	2,776	319	—	3,095
Permanent teeth extracted ...	137	325	61	523
Deciduous teeth extracted ...	1,109	449	—	1,558
General anaesthetics	412	120	12	544
Emergencies	330	147	16	493

Number of Pupils X-rayed	163
Prophylaxis	217
Teeth otherwise conserved	286
Number of teeth root filled	10
Inlays	1
Crowns	3
Courses of treatment completed ...	4,230

Orthodontics

Cases remaining from previous year ...	45
New cases commenced during year ...	45
Cases completed during year	19
Cases discontinued during year... ..	6
No. of removable appliances fitted ...	47
No. of fixed appliances fitted	—
Pupils referred to Hospital Consultant...	3

Prosthetics

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	1	4	1	6
Number of dentures supplied...	1	5	2	8

*Anaesthetics*General Anaesthetics administered by
Dental Officers... ..

1

Inspections

(a) First inspection at school. Number of Pupils	...	...	...	...	16,492
(b) First inspection at clinic. Number of Pupils	...	...	...	...	2,540
Number of (a) + (b) found to require treatment	...	...	...	...	10,500
Number of (a) + (b) offered treatment	...	...	...	...	9,446
(c) Pupils re-inspected at school or clinic	...	...	...	...	4,790
Number of (c) found to require treatment	...	...	...	...	2,352

Sessions

Sessions devoted to treatment	1,580.5
Sessions devoted to inspection	...	...	...	...	...	126.5
Sessions devoted to Dental Health Education	...	...	...	...	...	116

IV. THE SCHOOL NURSING SERVICE

Miss A. Webber, Superintendent School Nurse, reports:

Infestation

On the whole a steady improvement in the number and degree of infestation has been maintained. Individual cases show an increase on the 1967 total but infestation has been more widely scattered among the schools in the area. The resistance of some Head teachers, particularly in Secondary Modern Schools, to hygiene surveys is causing concern to the School Nursing Staff. With the limited time now at their disposal for dealing with this problem, a compromise would be greatly appreciated by the nurses. Having dealt with this problem for many years and knowing the movement of some families around the town, we are not convinced that any school can remain completely free of infestation unless hygiene inspections are carried out periodically.

				1967	1968
Instances of Infestation	...	...	...	439	245
Individual Pupils Infested	...	...	...	137	211

V. SPEECH THERAPY

This year we have been fully staffed, therefore our attendance figures are higher; the waiting list has been reduced and rather more children have been discharged with satisfactory speech than in 1967. Children are usually admitted within four to six weeks of referral. Since January one extra session has been worked at Whitehawk.

Twenty-eight nursery and primary schools were visited by the Senior Speech Therapist. Allowing for three other schools visited late in 1967 and those schools normally used for branch clinics, all Brighton's primary and nursery schools were visited within a period of nine months. These visits are of considerable value and it is hoped to repeat them yearly.

Use has been made of the facilities at the Teachers' Centre in Eastern Terrace.

In February one member of staff attended a Study Conference on stammering organised by Local Authorities' Services in the South West, at Torquay.

Visits have been made to the Reading Centre in Tilbury Place, and the School Speech Clinic in Croydon, where the Senior Speech Therapist, Mr. Brooke, discussed the application of programmed learning in speech therapy.

One item of interest to emerge from the fuller assessment procedure now used is this: out of 94 children tested for attainment in spoken language, 71 showed quite a marked language deficit. Thus it will be noted that a new classification has been added to assist diagnosis. It is "retarded speech and language development." The heading was brought into use in May, thus the number listed (14) for this year is small.

At the request of the Senior School Medical Officer sketches were prepared and requirements listed for a three room unit with observation facilities and speech relay system.

	1968	1967
Number of children seen	503	523
Number of new patients... ..	167	131
Total number of attendances	5,750	4,209
Number on waiting list	21	37
Number discharged:		
Discharged with satisfactory speech	146	127
Own discharge (ceased attending or treatment refused)	21	20
Left district or school	9	27
N.A.D.	9	3
Died	—	1
<i>Types of cases seen during year:</i>		
Dyslalia	283	284
Sigmatism	113	131
Stammer	53	67
Cleft palate, nasal speech	13	13
Other defects	27	28
Retarded speech and language development	14	—
<i>Weekly branch clinics:</i>		
Balfour C.P. School... ..	32	25
Bevendean C.P. School	37	16
Carden Junior School	31	58
Carden Infant School	32	
Moulsecoomb Junior School	29	
Moulsecoomb Infants School	36	32
Whitehawk C.P. School	109	78
Woodingdean C.P. School	68	67
Woodside E.S.N. School	98	77
Patcham House Special Class	40	53
Downsview Training Centre	11	7

VI. THE WORK OF THE ORTHOPAEDIC DEPARTMENT

Mr. J. A. Cholmeley, Consultant Orthopaedic Surgeon, reports on the work of the Orthopaedic Department:

Over the past year the work of the department has been concerned with the prevention of postural defects which may cause trouble in later life. Of these, foot defects are the most common, and advice is always given regarding the most suitable footwear.

The deformities of knock-knees and bow-legs of infancy have been observed and treated in some cases, although these deformities usually correct themselves. There have been some cases of poor posture, and these have been treated by remedial exercises.

The department is also concerned with the treatment of chest conditions such as asthma and bronchitis. Ultra-violet light sessions are held for those children who are prescribed this form of treatment. Ultra-violet light is also used in the treatment of those children suffering from acne.

The swimming sessions have proved beneficial and most of the children have been taught to swim. Thanks are due to the staff at St. Luke's Swimming Baths for their help and co-operation.

Ante-natal classes have been held at the clinic for the Maternity Welfare Services.

During the latter part of the year, work was commenced at Patcham House on the building of an extension to the existing premises. Part of this extension will be used as a treatment room for the handicapped children and will solve the present difficulties experienced by the teaching and medical staff. Daily visits are made to Patcham House to see those children who require physiotherapy treatment. Despite their various disabilities a very happy atmosphere prevails amongst the children at Patcham House, and it is encouraging to see that they obviously enjoy attending the centre.

ORTHOPAEDIC CLINIC STATISTICS 1968

	1968		1967	
	S.H.S.	I.W.C.	S.H.S.	I.W.C.
Total attendances	2,524	429	2,379	427
Total number patients seen ...	226	169	251	143
Total discharged (specialist) ...	46	33	58	31
Total swimming attendances ...	124	—	137	—
Ante-natal attendances	—	313	—	178
Total attendances specialist clinic...	158	103	210	117

VII. THE SCHOOL MEALS SERVICE

The number of children receiving mid-day dinners and milk at maintained schools on selected days were:

<i>Date</i>	<i>No. of dinners</i>	<i>$\frac{1}{2}$ pints milk</i>	<i>No. of children at school</i>	<i>% of children having dinners</i>
September 1967 ...	13,331	17,184	20,155	66.1%
September 1968 ...	13,717	12,122	20,678	66.3%

The number of children receiving milk at non-maintained schools in September 1968 was 1,333 (children in school 1,906) compared with 3,237 and 4,067 respectively in September 1967. (Note: The supply of free school milk for pupils of secondary school age (excepting those in special schools) ceased at the end of July 1968).

The total number of school meals served during 1967/68 was 2,851,650 compared with 2,596,475 during 1966/67.

In December 1968, meals were cooked at 36 Brighton Schools and one Central Kitchen.

VIII. ROAD SAFETY—1968

I am indebted to the Road Safety Organiser, Mr. A. D. Ward, for the following report:

Speed and Safety

The motorist who always drives at a safe speed and has regard to the conditions prevailing, makes a very considerable contribution to safety. The question is, does the average driver know how fast he or she can go and still keep within the bounds of "reasonable safety", for of course, there is no such thing as absolute safety. I am quite certain that many drivers are "accident prone" because they are incapable of assessing or regulating speed to suit the existing conditions in relation to weather, traffic, mechanical standards or the state of the roads being used. This opinion is supported by the reports one receives of multiple accidents on motorways and other main roads when drivers continue to travel at speeds in excess of their capability to stop within the range of their vision. They are in fact "driving blind" and probably all they can see is a road marking or kerb line which tells them they are moving in the direction they wish to go.

Accidents resulting from the wrongful use of speed appear to be increasing and many collisions at the present time are producing more casualties per accident than was the case some years ago. This change in the accident pattern

is undermining the improvement shown by the reduction of persons injured last year. What is the remedy? One way to tackle the problem would be to reduce maximum speed limits, especially at night when hazards are much greater. This would no doubt bring forth a howl of protest from most sections of the motoring fraternity but the answer is, as it has been proved that motorists cannot be relied upon to drive at safe speeds, they must be compelled to do so by legislation.

One has only to take a short journey to have the last point amply illustrated. Without a doubt you will see the driver who dashes through a busy shopping thoroughfare where every pedestrian is a sure casualty if they should underestimate the excessive speed of the approaching vehicle, bearing in mind that 30 m.p.h. can be highly dangerous in some places.

At the traffic lights you will see the driver who has to be the first away (and he doesn't even wait for the green light).

You will surely feel the chap behind breathing down your neck whilst driving within inches of your rear bumper bar, knowing full well that if you suddenly have to brake, he will put a large dent in your rear end.

On the open road there will be the chap who has to pass you at all costs because he has a sports car as compared with your modest saloon. White lines and bend signs mean little to this fellow and one wonders what he does with the time he hopes to gain.

Speed can provide thrilling pleasure to those who are capable of using and controlling it in the right places, but let there be no doubt about the fact that whoever is driving, the greater the speed the greater the risk of accident and likelihood of serious injury. A few miles per hour can make all the difference when braking to avoid an unwary pedestrian. It is empty consolation to say that the pedestrian did not look before crossing the road. Remember, little children do not always think to look before crossing a road and elderly people cannot always hear or see clearly and move more slowly than young people. The skilful and careful driver knows these things and can avoid difficult situations by "driving defensively."

It behoves all who drive vehicles to strive to improve their standards of driving and train themselves to safely cope with any emergency that may arise.

Greater knowledge—greater skill—greater care of vehicle will help to make that much needed contribution to safety and especially to Speed with Safety.

ROAD ACCIDENTS TO SCHOOLCHILDREN

I append a table of road accidents involving Brighton Schoolchildren in 1968 which the Road Safety Organiser has kindly made available:

Under 15 years	Killed	Seriously Injured	Slightly Injured	Total
January	—	—	4	4
February	—	3	1	4
March	—	4	9	13
April	—	2	9	11
May	—	1	15	16
June	—	1	10	11
July	—	1	15	16
August	1	6	10	17
September	—	5	13	18
October	—	3	10	13
November	—	4	5	9
December	—	4	8	12
TOTAL	1	34	109	144

Section C

STATISTICS

I—SCHOOL POPULATION

The estimated population of Brighton at mid-1968 was 164,680.

In December 1968 there were 20,980 on the registers of schools maintained by the Brighton Education Authority as detailed below.

In addition there were 418 Brighton pupils attending the Brighton, Hove and Sussex Grammar School which is jointly maintained by Brighton and East Sussex Education Authorities. Medical inspection and treatment is provided by East Sussex.

<i>School</i>							<i>No. on register</i>
SECONDARY GRAMMAR							
Varndean Grammar School for Boys	...	...	...	...	...	...	567
Varndean Grammar School for Girls	...	...	...	...	...	...	755
Westlain (Mixed) Grammar School	...	...	...	...	...	...	604
SECONDARY MODERN							
Dorothy Stringer (Mixed)	...	...	...	...	...	...	747
Elm Grove Girls	...	...	...	...	...	...	316
Fitzherbert R.C. Voluntary (Mixed)	...	...	...	...	...	...	424
Longhill C.S. (Mixed)	...	...	...	...	...	...	670
Margaret Hardy Girls	...	...	...	...	...	...	556
Moulsecoomb (Mixed)	...	...	...	...	...	...	455
Patcham/Fawcett Boys	...	...	...	...	...	...	645
Queen's Park (Mixed)	...	...	...	...	...	...	468
Stanmer (Mixed)	...	...	...	...	...	...	691
Whitehawk Boys	...	...	...	...	...	...	342
Whitehawk Girls	...	...	...	...	...	...	280
Secondary Technical School	...	...	...	...	...	...	300
COUNTY PRIMARY SCHOOLS							
Balfour Junior Mixed and Infants	...	...	...	...	...	...	627
Bevendean Junior Mixed	...	...	...	...	...	...	358
Bevendean Infants	...	...	...	...	...	...	255
Carden Junior Mixed	...	...	...	...	...	...	370
Carden Infants	...	...	...	...	...	...	305
Carlton Hill Infants	...	...	...	...	...	...	191
Coldean Junior Mixed and Infants	...	...	...	...	...	...	409
Coombe Road Junior Mixed and Infants	...	...	...	...	...	...	388
Downs Junior Mixed	...	...	...	...	...	...	407
Downs Infants	...	...	...	...	...	...	308
Elm Grove Junior Mixed	...	...	...	...	...	...	283
Elm Grove Infants	...	...	...	...	...	...	187
Fairlight Junior Mixed	...	...	...	...	...	...	240
Fairlight Infants	...	...	...	...	...	...	220
Hertford Road Junior Mixed and Infants	...	...	...	...	...	...	375
Middle Street Junior Mixed and Infants	...	...	...	...	...	...	248
Moulsecoomb Junior Mixed	...	...	...	...	...	...	652
Moulsecoomb Infants	...	...	...	...	...	...	382
Patcham Junior Mixed	...	...	...	...	...	...	333
Patcham Infants	...	...	...	...	...	...	207
Queen's Park Infants	...	...	...	...	...	...	166
Rudyard Kipling Junior Mixed	...	...	...	...	...	...	470
Rudyard Kipling Infants	...	...	...	...	...	...	271
St. Luke's Terrace Junior Mixed	...	...	...	...	...	...	419
St. Luke's Terrace Infants	...	...	...	...	...	...	210
Saltdean Junior Mixed and Infants	...	...	...	...	...	...	334
Stanford Road Junior Mixed	...	...	...	...	...	...	301

<i>School</i>	<i>No. on register</i>
Stanford Road Infants	156
Westdene Junior Mixed and Infants	367
Whitehawk Junior Mixed	517
Whitehawk Infants	390
Woodingdean Junior Mixed and Infants	627
VOLUNTARY PRIMARY SCHOOLS	
Rottingdean Junior Mixed and Infants	191
St. Bartholomew's Junior Mixed and Infants	104
St. John's Junior Mixed	122
St. John the Baptist Junior Mixed and Infants	341
St. Joseph's Junior Mixed and Infants	296
St. Mark's Junior Mixed and Infants	300
St. Martin's Junior Mixed and Infants	113
St. Mary's Junior Mixed	78
St. Mary Magdalen Junior Mixed and Infants	221
St. Paul's Junior Mixed and Infants	232
Day special school for E.S.N. children (Woodside)	189
	20,980

Attendance over the year at the schools listed, excluding the Brighton, Hove and Sussex Grammar School and the Day Special School, was 90.6%.

Nursery Schools

In December 1968 there were at Tarner Land 66 half-time pupils (equivalent to 33 full-time) and 7 full-time; and at White House 40 part-time pupils (equivalent to 20 full-time) and 22 full-time.

II—MEDICAL INSPECTION AND TREATMENT

Year ending 31st December, 1968

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

A—Periodic Medical Inspections

<i>Age groups Inspected</i>	<i>No. of pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		SATISFACTORY		UNSATISFACTORY	
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>
(1)	(2)	(3)	(4)	(5)	(6)
1964 and later	485	485	100.00	—	—
1963	1,271	1,270	99.92	1	0.08
1962	778	777	99.87	1	0.13
1961	228	228	100.00	—	—
1960	125	125	100.00	—	—
1959	132	132	100.00	—	—
1958	1,005	1,004	99.90	1	0.10
1957	689	689	100.00	—	—
1956	111	110	99.09	1	0.91
1955	201	201	100.00	—	—
1954	927	927	100.00	—	—
1953 and earlier	459	459	100.00	—	—
TOTALS	6,411	6,407	99.93	4	0.07

B—Other Inspections

Number of Special Inspections ...	5,982
Number of re-inspections ...	3,405
Total ...	<u>9,387</u>

The number of children examined at periodical medical inspections was 6,411 against 5,954 in 1967.

The number of re-inspections was 3,405 against 4,700 and the number of special inspections was 5,982 against 4,824 in 1967. The continued co-operation and collaboration of the teaching staff is gratefully acknowledged. Without this it would not have been possible to arrange the routine medical inspections.

Percentage of parents attending medical inspections:

	1968	1967	1966
Entrants	95.9	86.0	83.7
Intermediate	74.6	65.7	78.0
Leavers	22.7	14.9	20.3
Average	73.3	59.2	64.4

C—Pupils found to require treatment at Periodic Medical Inspections
(excluding Dental Diseases and Infestation with Vermin)

<i>Age groups Inspected (by year of birth)</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Part II</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
1964	9	124	129
and later	36	310	312
1963	32	202	207
1962	18	76	77
1961	7	41	47
1960	11	48	48
1959	106	163	250
1958	94	131	189
1957	18	22	38
1956	22	14	33
1955	95	100	175
1954	53	56	107
1953			
and earlier			
TOTAL	501	1,287	1,612

<i>Defect or Disease</i>	<i>Pupils requiring treatment</i>	<i>Pupils requiring observation</i>
Skin	—	—
Eyes:		
(a) Vision	166	—
(b) Squint... ..	2	—
(c) Other	3	—
Ears:		
(a) Hearing	8	—
(b) Otitis media	2	—
(c) Other	—	—
Nose and Throat	18	—
Speech	51	—
Lymphatic glands	4	—
Heart	—	—
Lungs	2	—
Development:		
(a) Hernia... ..	1	—
(b) Other	3	—
Orthopaedic:		
(a) Posture	—	—
(b) Feet	63	—
(c) Other	36	—
Nervous System:		
(a) Epilepsy	1	—
(b) Other	4	—
Psychological:		
(a) Development	2	—
(b) Stability	2	—
Abdomen	2	—
Other	2	—

(iii)—Incidence of Defects Found at Periodic Inspection Found to Require Treatment Per 1,000 Pupils Examined

						1968	1967	1966
Total children examined ...	...	...	...	...	...	6,411	5,954	6,643
Skin...	...	...	...	...	...	38.5	20.3	17.2
Eyes:								
(a) Vision ...	...	...	...	...	...	78.1	84.0	105.4
(b) Squint ...	...	...	...	...	...	17.3	13.9	13.5
(c) Other ...	...	...	...	...	...	5.9	4.2	1.8
Ears:								
(a) Hearing ...	...	...	...	...	...	24.3	26.0	18.2
(b) Otitis media ...	...	...	...	...	...	5.9	1.5	0.3
(c) Other ...	...	...	...	...	...	2.5	8.6	0.9
Nose and Throat ...	...	...	...	...	...	26.7	20.0	18.8
Speech ...	...	...	...	...	...	18.1	16.1	17.9
Lymphatic glands...	...	...	...	...	...	0.9	0.7	0.6
Heart ...	...	...	...	...	...	5.8	5.5	6.8
Lungs ...	...	...	...	...	...	15.6	9.7	8.9
Development:								
(a) Hernia ...	...	...	...	...	...	2.0	1.7	0.6
(b) Other ...	...	...	...	...	...	3.9	4.5	2.0
Orthopaedic:								
(a) Posture ...	...	...	...	...	...	2.9	4.4	2.7
(b) Feet ...	...	...	...	...	...	18.1	24.4	17.3
(c) Other ...	...	...	...	...	...	15.3	15.7	10.5
Nervous System:								
(a) Epilepsy ...	...	...	...	...	...	3.6	2.9	2.9
(b) Other ...	...	...	...	...	...	7.6	5.4	1.7
Psychological:								
(a) Development ...	...	...	...	...	...	1.7	1.5	2.3
(b) Stability ...	...	...	...	...	...	3.6	2.2	0.8
Abdomen ...	...	...	...	...	...	4.8	3.7	2.3
Other ...	...	...	...	...	...	7.3	3.5	1.7

D—Defects Found by Medical Inspection During the Year

(i)—PERIODIC INSPECTIONS

<i>Defect or Disease</i>					<i>Entrants</i>	<i>Leavers</i>	<i>Others</i>	<i>Total</i>
Skin...	...	...	...	T	107	46	95	248
				O	62	38	32	132
Eyes:								
(a)	Vision	...	...	T	95	148	257	500
				O	291	28	66	385
(b)	Squint	...	...	T	66	8	37	111
				O	9	2	2	13
(c)	Other	...	...	T	11	14	13	38
				O	12	4	18	34
Ears:								
(a)	Hearing	...	...	T	85	12	59	156
				O	21	4	9	34
(b)	Otitis Media	...	...	T	31	3	4	38
				O	29	2	3	34
(c)	Other	...	...	T	9	1	6	16
				O	58	6	12	76
Nose and Throat	...	...	...	T	128	13	30	171
				O	388	19	78	485
Speech	...	...	...	T	74	5	37	116
				O	92	2	7	101
Lymphatic Glands...	...	...	...	T	5	—	1	6
				O	93	—	12	105
Heart	...	...	...	T	18	7	12	37
				O	33	18	20	71
Lungs	...	...	...	T	61	6	33	100
				O	140	30	43	213
Development:								
(a)	Hernia	...	...	T	10	1	2	13
				O	9	—	4	13
(b)	Other	...	...	T	11	3	11	25
				O	71	10	25	106
Orthopaedic:								
(a)	Posture	...	...	T	6	5	8	19
				O	17	21	44	82
(b)	Feet	...	...	T	60	17	39	116
				O	71	53	44	168
(c)	Other	...	...	T	47	17	34	98
				O	102	47	56	205
Nervous System:								
(a)	Epilepsy	...	...	T	9	7	7	23
				O	8	4	6	18
(b)	Other	...	...	T	30	1	18	49
				O	194	10	51	255
Psychological:								
(a)	Development	...	...	T	6	1	4	11
				O	47	12	20	79
(b)	Stability	...	...	T	6	2	15	23
				O	84	46	69	199
Abdomen	...	...	...	T	17	1	14	32
				O	14	9	24	47
Other	...	...	...	T	17	12	18	47
				O	78	64	100	242

T—Treat O—Observe

E—Number of children examined other than at Routine Medical Inspections

Pupils presented by a teacher or parent for suspected defect:							
In schools	...	...	...	...	...	...	30
In clinic	...	...	...	...	...	...	1,422
Other special inspections for mental and physical defects, employments, boarded-out children etc.							
	...	...	...	...	...	...	4,530
Total							5,982
Re-inspection of pupils previously found to have some defect:							
In schools	...	...	...	...	...	...	2,445
In clinic	...	...	...	...	...	...	960
Total							3,405

F—Prophylaxis against Diphtheria, Tetanus and Poliomyelitis

Number of sessions:							
At school	...	...	...	...	...	...	38
At clinic	...	...	...	...	...	...	45
Number of attendances:							
At school	...	...	...	...	...	...	1,816
At clinic	...	...	...	...	...	...	798

G—Eye Diseases, Defective Vision and Squint

							<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	...						233
Errors of refraction (including squint)	...	...	...	...	...	...	2,510
Total							2,743
Number of pupils for whom spectacles were prescribed	...	...					577

Defective Vision:

During the year 135 sessions were held. Total number of cases dealt with was 1,070 (1967—1,373). There were 398 new cases (including squints) (1967—517). Glasses were prescribed for 577 children (1967—593).

H—Diseases and Defects of Ear, Nose and Throat

							<i>Number of cases known to have been dealt with</i>
Received operative treatment:							
(a) for diseases of the ear	...	...	...	...	...	...	48
(b) for adenoids and chronic tonsillitis	...	...	...	...	...	...	439
(c) for other nose and throat conditions	...	...	...	...	...	...	23
Received other forms of treatment	...	...	...	...	...	...	174
Total							684
Total number of pupils in schools who are known to have been provided with hearing aids:							
(a) in 1968	...	...	...	...	...	...	8
(b) in previous years	...	...	...	...	...	...	48

I—Cardiac Defects

Types of suspected heart defects seen during the year

	<i>Infants</i>	<i>Juniors</i>	<i>Seniors</i>	<i>TOTAL</i>
No abnormality discovered	1	—	—	1
Reports awaited	—	1	1	2
Incidental murmur	2	—	1	3
Systolic murmur	3	2	—	5
Totals	6	3	2	11

During the year 11 new cases were referred to Dr. Kemball Price, Consultant Cardiologist, at the Royal Sussex County Hospital, as compared with 13 in 1967. 21 re-examinations were carried out, 13 boys and 8 girls.

J—Orthopaedic and Postural Defects

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients' departments	240
(b) Pupils treated at schools for postural defects	—
Total	240

K—Skin Diseases

	<i>Number of individual pupils known to have been treated</i>
Ringworm:	
(a) Scalp	—
(b) Body	—
Scabies	22
Impetigo	32
Eczema	4
Other skin diseases (Acne, urticaria, herpes simplex, rashes, etc.)	235
Plantar warts	56
Other warts	60
Total	409

L—Other Treatments

Other treatment given

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	1,609
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1,458
Total	3,067

M—Infestation With Vermin

	1968	1967
(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	60,933	64,324
(ii) Total number of individual pupils found to be infested ...	211	137
(iii) Number of instances of infestation	245	439
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944) ...	6	6
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act 1944) ...	2	2

N—Nurses' Inspections

	1968	1967
Cleanliness examinations of children in schools ...	60,933	64,324
Visits to school departments... ..	2,303	2,902
Number of home visits	1,708	2,194
Vision tests at 5-11	484	8,552
11+	492	8,472
Number of audiology sessions:		
(a) in schools	333	244
(b) at Morley Street Clinic	146	142
Mothercraft and Health Education Talks	5	32
Child Care examinations	15	18
Additional duties carried out during the year:		
B.C.G. sessions	62	75
Poliomyelitis vaccination clinics	33	45
The Superintendent School Nurse paid 458 visits to school departments as under:		
Mothercraft Talks	340	349
Health Education	75	81
Other visits	43	44

III—HANDICAPPED PUPILS

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(5) Physi- cally Handi- capped (6) Delicate		(7) Mal- adjusted (8) Educa- tionally Sub- normal		(9) Epi- leptic (10) Speech Defects		TOTAL
IN THE CALENDAR YEAR:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(1)-(10)
Handicapped Pupils											
A. Newly assessed as needing special educational treatment at special schools or in boarding homes... ..	—	—	2	1	3	1	8	44	—	—	59
B. (i) Included at A above and newly placed in special schools or boarding homes	—	—	—	—	1	—	4	12	—	—	17
(ii) Assessed prior to January, 1968 and newly placed in special schools or boarding homes	—	—	—	1	1	—	8	15	—	—	25
TOTAL B (i) and B (ii) ...	—	—	—	1	2	—	12	27	—	—	42
AS AT 23RD JANUARY, 1969:											
C. Number requiring (a) Day places in special schools ...	—	—	1	—	—	—	—	57	—	—	58
(b) Boarding schools ...	—	—	—	—	—	—	4	—	—	—	4
D. (i) Number on the registers of:											
(1) Maintained (a) day pupils	—	—	—	—	—	—	—	190	—	—	199
special (b) boarding	—	—	—	—	—	—	9	3	—	—	12
schools as pupils	—	—	—	4	—	—	—	—	—	—	4
(2) Non- (a) day pupils	—	—	—	—	—	—	—	—	—	—	—
main- (b) boarding	1	2	3	2	2	7	3	4	4	—	28
tained pupils											
special schools as											
TOTAL... ..	1	2	3	6	2	7	12	197	4	—	234
D. (ii) Independent schools under arrangements made by the authority	—	—	12	—	2	—	19	4	—	—	37
TOTAL (D (i) and D (ii)) ...	1	2	15	6	4	7	31	201	4	—	271
D. (iii) Boarded in homes and not included in (i) or (ii) ...	—	—	—	—	—	—	—	—	—	—	—
TOTAL (D (i) (ii) and (iii))	1	2	15	6	4	7	31	201	4	—	271
E. Number being treated under arrangements made in accordance with Section 56 of the Education Act, 1954 ...											
(i) in hospitals	—	—	—	—	—	—	—	—	—	—	—
(ii) in other groups	—	—	—	—	30	2	—	—	1	—	33
(iii) at home	—	—	—	—	3	—	—	—	—	—	3

IV—CENTRAL AND BRANCH CLINICS

<i>Clinic</i>	<i>Times of attendance</i>	<i>Work undertaken</i>
<i>Central School Clinic:</i> Morley Street	Full time	Centre of examination of special cases, ophthalmic, orthopaedic, audiology and speech clinics. Consultation, minor ailment and immunisation clinics. Routine dental treatment and dental treatment of emergency cases. General anaesthetics and dental radiography. Child Welfare appointments. Child Welfare appointments. Verminous treatment.
<i>Branch Medical Clinics:</i> Moulsecoomb Clinic	Tuesday mornings Wednesday mornings Thursday mornings Friday mornings	Minor ailment and inspection clinic (Nurse only)
Whitehawk Clinic	Tuesday mornings Friday all day	Minor ailment (Nurse only)
Patcham House	Monday mornings Tuesday mornings Wednesday mornings Thursday mornings Friday mornings	Orthopaedic physiotherapy
Carden School	Monday all day	Speech Therapy
Bevendean School	Monday afternoons	Speech Therapy
Whitehawk School	Tuesday all day	Speech Therapy
Moulsecoomb School	Wednesday all day	Speech Therapy
Woodside School	Tuesday mornings Thursday afternoons Friday afternoons	Speech Therapy
Balfour School	Thursday mornings	Speech Therapy
Woodingdean School	Friday all day	Speech Therapy
Patcham House	Monday mornings Wednesday mornings Friday mornings	Speech Therapy
<i>Branch Dental Clinics:</i> Carden School	Tuesday mornings Friday mornings	Emergency cases followed by appointments
Moulsecoomb School	Each morning	Routine treatment by appointment Emergency cases followed by appointments
Whitehawk Child Health Centre	All day Monday All day Thursday	Emergency cases followed by appointments
Longhill School	All day Monday	Routine treatment by appointment
	All day Thursday Friday mornings	Emergency cases followed by appointments

Consultation Clinics

1,422 children made 1,637 attendances at this clinic as compared with 592 children and 840 attendances in 1967.

Minor Ailment Clinics

Condition	Morley Street			Moulsecoomb			Whitehawk			Total	
	Cases	Re-exams	Total attds.	Cases	Re-exams	Total attds.	Cases	Re-exams	Total attds.	Cases 1968	Cases 1967
External Eye:											
Blepharitis ...	30	15	45	5	9	14	2	-	2	37	20
Conjunctivitis ...	65	91	156	6	3	9	6	-	6	77	86
Other ...	138	29	167	13	10	23	15	-	15	166	97
Ear:											
Earache ...	22	7	29	2	-	2	6	-	6	30	17
Otorrhoea ...	-	-	-	-	-	-	-	-	-	-	-
Deafness ...	1	-	1	-	-	-	-	-	-	1	5
Other ...	64	32	96	1	-	1	14	-	14	79	23
Skin:											
Ringworm:											
Scalp ...	-	-	-	-	-	-	-	-	-	-	-
Body ...	-	-	-	-	-	-	-	-	-	-	-
Scabies ...	17	66	83	-	-	-	5	-	5	22	18
Impetigo ...	24	104	128	4	-	4	4	-	4	32	49
Eczema ...	4	-	4	-	-	-	-	-	-	4	3
Other skin ...	174	167	341	61	64	125	-	-	-	235	278
Plantar warts ...	42	-	42	8	-	8	6	-	6	56	53
Other warts ...	47	1	48	11	4	15	8	-	8	66	54
Minor injuries...	124	55	179	88	80	168	164	-	164	376	329
Septic sores ...	51	64	115	63	114	177				114	137
Grazes, cuts and burns	125	101	226	61	60	121				186	221
Other ...	116	63	179	12	8	20				128	93
Total ...										1,609	1,484

	1968	1967
Number of cases treated at all Minor Ailment Clinics ...	1,609	1,484
Total number of attendances at all Minor Ailment Clinics ...	2,756	2,717